



ENROLMENT FORM

(Child's name) _____

Parents names _____

Address _____

telephone (day/work) _____ (evening) _____

Mobile _____ email _____

Age of your child _____ D.O.B . _____

I would like my child to be enrolled in:

BOUND INTO SOUND after school class (5-7yrs)

GUITAR CLUB Beginners class Day of Class _____

INDIVIDUAL TUITION Keyboard Guitar

INDIVIDUAL TUITION, please indicate preferred days and times

	Day	Time		
		1 st choice	2 nd choice	3 rd choice
1 st choice				
2 nd choice				
3 rd choice				

Does your child own or have access to an instrument?

If so which? _____

Please state any relevant information which you think we should know (e.g. medical info, particular persons who will pick up or drop off your child etc)

In the unlikely case of an emergency, please could you supply the name and phone number of a close friend or relative who we could contact if necessary.

I wish to register my child for the.....class and have enclosed the amount of £

Signed _____