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2010 Early Childhood Music Enrolment Form

Please complete all details and return prior to commencement.

Child's Name: _____ DOB: _____

Are you of Aboriginal or Torres Strait Islander Origin?: (Please circle) Yes / No
(The above question is optional and will not affect your enrolment. If you do answer, the information will help us to continue to improve services to Aboriginal and Torres Strait Islander peoples).

Emergency Contact Person: Name: _____

Emergency Contact Phone Number/s: _____

Relevant Medical Information: _____

Details of Person Responsible for Payment of Account:

Full Name: _____

Postal Address: _____

Phone H: _____ W: _____ M: _____

I would like to receive invoices and activity statements via email: (Please circle) Yes / No

Email: _____

Photo/Film Agreement: I do / do not give permission for my child/ren to be photographed or filmed during lessons, rehearsals and performances. I understand that the photographic material / film may be used for publicity purposes.

Commencement Date: _____ Day: _____ Time: _____

Acknowledgement: (You must be 18 years or over and responsible for payment of accounts to sign this Enrolment form)

By signing below, I acknowledge receipt of the 2010 Macquarie Conservatorium Guide to Enrolment containing the Terms and Conditions of Tuition. I understand the enrolment policies which I have read and by which I agree to abide. I also accept responsibility for the payment of each account for the student named above.

Signed: _____ Date: _____