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E-mail: info@musikate.co.uk
Website: www.musikate.co.uk

Registration Form

To enrol please return the registration form to **the above address**;

Cheques made payable to **Musikate**

Parent Name(s) _____ Caregiver's name(if accompanying child) _____

Address _____

E-mail _____ Home Phone _____

Work or Mobile _____ Emergency Contact _____

Course: _____ Day: _____ Amount paid _____

Please note that packs will not be given unless full payment has been made as a one off fee or in post dated cheque instalments

Child's Name _____ Date of Birth _____ Age _____

Does your child have an existing medical condition _____

Are they currently taking any medication _____

Do they have any allergies or special dietary requirements _____

Please include any additional information about your child that will help me best meet their needs _____

How did you hear about Kindermusik _____

Please Sign:

I understand that I am liable for the full cost of the course and any course materials

The Following may be deleted:

I am happy for photos to be taken during class and for these to be published

I would like to receive information about future courses and events

Signed _____ Date _____

Class sizes are limited to 12. Should take-up of classes be poor I reserve the right to cancel the class.

Please note all fees are non-refundable