

Enrolment Form

Please complete in CAPITALS

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name |  | D.O.B. |  |
| Address |  |
|  |
|  | Postcode |  |
| Daytime Tel |  | E-mail |  |
| School |  |
|  |  |
| Choir |  |  |
| Band |  | Instrument(s) |  | Approx. Grade |  |
|  |
| Membership of other musical groups: |  |
|  |
|  |  |
|  |
| Medical Information |
| Please give any important medical information that our staff should be aware of: |
|  |
|  |
|  |
| Emergency Name |  |
| Emergency Tel |  |
|  |
| Photography Consent |
| I (parent/guardian) consent to Castleford Young Musicians photographing my child for use in promotional material |
| Signature |  | Date |  |



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