

MusiKidabra presents Kindermusik

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ABN 62 174 297 345.

Name of parent/s :		
Address:		
	email:nternational for distribution of digital home material	
Emergency contact name / number :		
How did you hear about MusiKidabra / Kindermus	sik?	
Child's name :	Date of Birth :	Male / Femal
Program choice and time :		
Total Fees: \$140. Payment of \$40 deposit will secure your place in the Balance of \$100 due by first class.	he class. Deposit is non-refundable.	
Payment method: [] cash		
[] Bank transfer (BSB 641-8	300, Acc No 200 547 507, Name : K L Brodnik tradii	ng as MusiKidabra, include
your name as transaction de	escription. Please allow 48hours for deposit to appear	r in my account).
[] (Please tick) I have read the MusiKidabra I	registration policy for Kindermusik classes and ag	gree with its terms before
making my payment.		
Parent's signature :	Date :	
Is there any concern that you would like me to be a	aware of that may be of assistance?	
Media consent: I agree to photos of my child/ren	n being taken for the following purposes:	
[] Promotional material – advertising, newspaper	r, MusiKidabra website, MusiKidabra Facebook pago	e. Details
[] For class emails and newsletters, certificates, c	cards and gifts to parents.	
[] To be given to me or sent to me only at my giv	ven email address.	
[] I do not agree to my child/ren being photograp	phed.	
Parent's signature	Date :	