

 $MusiKidabra\ presents\ \textit{Kindermusik}$

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ABN 62 174 297 345.

Child's name (include surname):		
Date of Birth :	Male / Female	
Name of parent/s :		
Address:		
Phone : (email address will be shared with Kindermus.	email :ik International for distribution of digital home materials).	
Heath concerns or special needs that you may l	like us to be aware of ?	
•	rmusik? [] Facebook [] Google [] Window signage/flag at FM	
	[] Other (specify)	
Non-refundable deposit of \$60 will confirm yo	our place in a class for a term. Balance of fees is due by the first class of term.	
Bank transfer (BSB 641-800, Acc No 200 54	7 507, Name: K L Brodnik trading as MusiKidabra, include your name and inv	voice
number as transaction description		
[] (Please tick) Before making my pa	yment, I have read the MusiKidabra registration policy for Kinder	rmusik
classes. I understand the policies regard	ling absence, make-up classes and refunds. I agree with the terms.	
Registration policy can be found on t	the MusiKidabra website <u>www.musikidabra.com.au</u> or reques	st for it
to be emailed to you. Parent's signature	re : Date :	
Media Permission (please tick and sign to	grant permission):	
[] I agree to photos of my child/ren	being taken in class. I give permission for group photos to be	shared
with other families in the class.		
[] I give permission for photos/vide	os to be used for promotional purposes on MusiKidabra Face	book
page, MusiKidabra Families Faceboo	ok closed group and MusiKidabra website. Please specify if require	ed
[] I do not agree to my child/ren be	ing photographed.	
Parant's signatura	Date ·	