

LOOSE MOOSE ENROLMENT FORM



The Enrolment Form provides us with essential details about you and your children. By signing it, you agree to abide by our terms and conditions, provide us with contact names and telephone numbers and any other information we should be aware of in order to maintain the well-being of our students. All information provided is treated in confidence. The Enrolment Form needs only to be completed once, but should be updated if details or circumstances change. **The Enrolment Form needs to be completed before students attend classes or workshops**

About You

WWW

Title	(Mr/Mrs/Miss etc)	<input type="text"/>
Initials, or		<input type="text"/>
First Name (if preferred)		<input type="text"/>
Surname		<input type="text"/>
Relationship to Student(s)		<input type="text"/> eg Mother, Father, Guardian
Address	House & Street	<input type="text"/>
	Village & Town	<input type="text"/>
	County or Area	<input type="text"/>
	Postcode	<input type="text"/>
Home Telephone		<input type="text"/>
Mobile Telephone		<input type="text"/>
Alternative Telephone		<input type="text"/>
Email address (optional)		<input type="text"/>

You should provide telephone numbers on which we can contact you whilst your child(ren) attend classes or workshops.

About Your Children

Complete this only for children you wish to enrol

Student 1	First Names	<input type="text"/>		
	Preferred Name	<input type="text"/>		
	Surname *	<input type="text"/>	* if different from yours	
	Date of Birth	<input type="text"/>	DD/MM/YY	
	Male or Female	<input type="text"/>	M/F	Age Now <input type="text"/> Years
Student 2	First Names	<input type="text"/>		
	Preferred Name	<input type="text"/>		
	Surname *	<input type="text"/>	* if different from yours	
	Date of Birth	<input type="text"/>	DD/MM/YY	
	Male or Female	<input type="text"/>	M/F	Age Now <input type="text"/> Years
Student 3	First Names	<input type="text"/>		
	Preferred Name	<input type="text"/>		
	Surname *	<input type="text"/>	* if different from yours	
	Date of Birth	<input type="text"/>	DD/MM/YY	
	Male or Female	<input type="text"/>	M/F	Age Now <input type="text"/> Years

Any medical conditions or behavioural difficulties we should be aware of

Details of any relevant previous experience, eg instruments played, gymnastic skills, good mimic etc

Declaration

I wish to enrol the above student(s) with Loose Moose and certify that the information provided by me is correct and complete.

<input type="text"/>	<input type="text"/>
Signed	Date