



Please provide	the foll	owing det	ails:			
Venue:						
Day:						
Time:						
Your Name:						
Email Address:						
Telephone No:	day					
	evenin	g				
	mobile)				
Postal address:						
Contact:	Please indicate your preferred method/s of contact (please circle if you have a preference).					
	Email	Home num	nber Mobile			
1 st Child's name				Age:	D.O.B:	
2 nd Child's name				Age:	D.O.B:	
3 rd Child's name				Age:	D.O.B:	
Please can you tell u	us where	you heard ab	oout Music Bug	gs?		
	need to re	linquish your	place part-way		of remaining weeks will be issued vish to apply for a refund.	subject to
third party. However He	ead Office	does collect er	mail addresses f	rom it's franchisees for the pur	we will not ever pass your personal oposes of communication and to notif Office for the purposes described al	y parents of
(consequential or other indirectly or in any way	wise), dan connected conement o	nage, expense d with the atten or delay in the	or delay sufferendance of the ch	d or incurred by the Parent/Ca ild at the sessions including bu	sibility under any circumstances for a rer, the child or any other party arisin t not limited to, the unavailability of a hission on the part of Music Bugs Ltd	ng directly or teacher,
By attending any Mus for them.	sic Bugs c	lass or event	I agree to cons	tantly supervise all the child	ren in my care and to take full res	ponsibility
I will select age-appro	priate ins	truments and	props for my	child and ensure their safe ar	d appropriate use at all times	
By allowing my child to Leader or Nursery sta					orrect fee (as notified to me by th	e Class
Signed				Date		