

# Avazad Music Crèche registration form

## Schools and Institutions

Welcome to our music program. Please complete the following form in full.

This may be returned to the school department and forwarded to our email address [atefehliorah@gmail.com](mailto:atefehliorah@gmail.com) .

We will be in touch with the school to arrange further details.

Please note; we require a minimum of 7 pupils per program for our courses.

Student name:	Age:
Address:	Phone:
Parents or carers' name:	Email: (Optional)
Emergency contact name:	Emergency phone:
Term duration (5 or 10 weeks):	Term: please select Autumn term <input type="checkbox"/> Spring term <input type="checkbox"/> Summer term <input type="checkbox"/>

Parents or carers' signature:	Date:
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