| *THE MUSIC MAKERS**JUNIOR BANDCAMP 2018* | | | | | | | | |
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| **SECTION 1: CHILD INFORMATION**  *PLEASE COMPLETE ONE APPLICATION PER CHILD* | | | | | | | | |
| Child’s Name: | | | | | D.O.B | | Gender: | |
| School: | | | | | | | | |
| Year Group: | | | | | Age During Course: | | | |
| section 2: instrumental information *PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE TO ASSIST US IN CURRATING THE BEST PROGRAMME FOR YOUR CHILD.*  *IF YOUR CHILD DOESN’T PLAY AN INSTRUMENT YET, PLEASE LEAVE THIS SECTION BLANK.* | | | | | | | | |
| Instrument 1: | | Tutor: | | | | Years playing: | | Grade: |
| Instrument 2: | | Tutor: | | | | Years playing: | | Grade: |
| Instrument 3: | | Tutor: | | | | Years playing: | | Grade: |
| *Please use this section to tell us a little about your child’s musical experience, favourite music genre/bands/composers* | | | | | | | | |
| section 3. MEDICAL AND ConSENTS *WE HAVE A FULL TIME NURSE ON SITE AT ALL TIME AND A SECOND QUALIFIED FIRST AIDER. SUPPLYING US WITH AS MUCH AS INFORMATION AS POSSIBLE WILL HELP US BE PREPARED FOR YOUR CHILD’S REQUIREMENTS* | | | | | | | | |
| Doctor’s Surgery Name: | | | | | Doctor’s Name: | | | |
| Telephone Number: | | | | | | | | |
| *Does your child:* | | | | | | | | |
| Suffer from any allergies (including plasters) Yes / No | | If so, which: | | | | | | |
| Carry any medicines: Yes / No | | If so, which: | | | | | | |
| Carry an Epipen: Yes / No | | If so, which: | | | | | | |
| *Do you agree to:* | | | | | | | | |
| A member of staff seeking emergency medical response if necessary: Yes / No | | | | | | | | |
| A member of medical staff applying sun-cream to your child, if thought necessary: Yes / No | | | | | | | | |
| A member of medical staff administering first aid care locally, if thought necessary: Yes / No | | | | | | | | |
| *Do you consent to:* | | | | | | | | |
| A member of staff to take photos of your children for use in the end of week presentation Yes / No | | | | | | | | |
| A member of staff to take photos of your children for use on our website or future promotional materials Yes / No | | | | | | | | |
| *Please list any information about illnesses or medical conditions you wish to share with us: (attach additional information as a separate sheet if required)* | | | | | | | | |
| **5. PARENTAL INFORMATION** | | | | | | | | |
| Title: | Full Name: | | | E-mail: | | | | |
| Home Address: | | | | | | | | |
| Home Telephone: | | | Mobile: | | | | | |
| Additional names and contacts during the course: | | | | | | | | |
| **6. FEES AND CONFIRMATION**  **6.1: COURSE FEES** | | | | | | | | |
| Total Due: | | | | £190 | | | | |
| Format | | | | Bacs/Cheque | | | | |
| **Booking confirmation**  **Please note**   * Please retain a copy of this form (pages 1-3) for your records * Application forms should be returned **stapled** together (per student). Without this they may get separated or lost. * Please write the child’s name on bottom of every sheet * Please note we do not issue confirmation of places. We recommend checking our website (updated daily) to see if spaces are available. A space on the course will be reserved on the day your form is received. In the unlikely event of the course selling out between the date of posting and arriving we will call you straight away to discuss.   **Return Address:**  The Music Makers, 13 Ladybank Rise, Arnold, Nottingham, NG5 8QG  OR  Handed to Mark Rolfe directly in the NGHS Junior School  Forms may also be scanned and sent electronically to [mark@the-music-makers.org.uk](mailto:mark@the-music-makers.org.uk) (but we do prefer physical forms)  **Payment Options:**  **BACS**  Bank details are included below:  **Account Name**: M A Rolfe (Music Makers Account)  **Account Number**: 60893919  Sort Code: 20-55-62  If paying by **BACS** you must:   * Use your child’s name as the reference * Attach confirmation of the transfer stapled to the front of the first page of this form   **Childcare Vouchers**  Please note unfortunately we do not accept childcare vouchers | | | | | | | | |