

ENROLMENT FORM

SECTION 1: PERSONAL DETAILS

Student Name

DOB

Gender

☐ M

☐ F

Parent/Guardian Name

Contact number

Full address

School

Email

Does the child/young person enrolling have any known allergies, medical conditions or special needs?

☐ Yes

☐ No

If yes, provide details

SECTION 2: CLASS(ES) INFORMATION

Instrument(s) / Course(s)

Preferred Lesson type

☐ Individual

☐ Group

Preferred Teacher (if any)

Preferred Venue

☐ Ardee

☐ Dunleer

☐ Dundalk

☐ Drogheda

☐ Cooley

Preferred Day(s)

Preferred Time(s)

Previous musical experience (if any)

Do you want to hire an instrument from Music Generation Louth?

☐ Yes

☐ No

SECTION 3: CONSENT

PHOTOGRAPHY

- ☐ I give permission for my child to be photographed/recorded during lessons/workshops/concerts with the understanding that images and recordings may be used to accompany national and local press releases and may also be used on the official Music Generation websites.
- ☐ I do not give permission for my child to be photographed/recorded during lessons/workshops/concerts.

I confirm that I have read and agree with the attached regulations of registration for classes with Music Generation Louth.

Signed

Date

Parent/guardian

SECTION 4: PAYMENT

Complete this form and return with payment to: Music Generation Louth, LMETB, Chapel St, Dundalk.
(Please make cheques, postal orders and bank drafts payable to **LMETB**).

(For Office use only)

Date Payment Received

Amount

Receipt Book/Receipt Number