

# REGISTRATION FORM

## Parent Information

Name : .....

Phone. No. : .....

Mobile.No : .....

Address : .....

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E-mail Address : .....

## Childs Information

Name : .....

Age : .....

Date of Birth : .....

Name of School/ Nursery/Kindergarten : .....

## Additional Information

Please give brief details of any medical condition which Kindermusik at Little Angels should be aware of e.g. illness, allergy, injury etc. : .....

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How did you hear about us? : .....

No. of Siblings & Age Group : .....

.....

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How did you hear about us? : .....

.....

**CONFIRM THAT ALL THE INFORMATION CONTAINED IN THIS FORM IS CORRECT.**

Parent or Guardian Signature : .....

## For Office use only

Class Name : .....

Time : .....