



Belleville Harmony Music Lounge: Weekly Music Lessons Registration

NAME: _____

ADDRESS: _____ POSTAL CODE _____

TELEPHONE NUMBER: _____ BIRTHDATE _____

E-MAIL ADDRESS : _____

PARENT'S/GUARDIANS NAME:

EMERGENCY CONTACT: _____

NAME OF THE PERSON PICKING UP (IF NOT PARENT)

CONCERNS OR ALLERGIES: _____

Would you like to be notified about our day camps or other family events?

Yes

No

PARENTS/GUARDIANS- I give permission for my child to take part in St Thomas' Harmony Music Lounge. I understand that photographs and/or video recordings may be taken during these activities in which my child will be involved. I give permission for this media to be used for possible promotion, on St. Thomas' website, social media and/or for news purposes _____(initial).

Parent/Guardian: _____ Date: _____