



Registration Form

Information on this form will be used to care for you and you children, and to communicate with you about Mainly Music in Darlington.

Carer Details

Name of Parent/Guardian 1: _____

Contact Phone: _____

Name of Parent/Guardian 2: _____

Contact Phone (for emergencies): _____

Person who normally brings child/ren to Mainly Music: _____

Other emergency contact name: _____

Emergency Contact Phone: _____

Postal Address: _____

Email address: _____

Child Details 1

Full Name: _____

Please address her/him as: _____

Date of Birth: ____/____/____

Sex: Female Male

I give permission for still images of this child to be used in publicity material for Mainly Music and will advise the organisers if my preferences change

Please be aware of the following special needs for this child (e.g allergies, medical conditions):

Child Details 2

Full Name: _____

Please address her/him as: _____

Date of Birth: ____/____/____

Sex: Female Male

I give permission for still images of this child to be used in publicity material for Mainly Music and will advise the organisers if my preferences change

Please be aware of the following special needs for this child (e.g allergies, medical conditions):

I understand that Mainly Music Darlington is an activity of the Anglican Worshipping Community of Darlington-Bellevue in partnership with Mainly Music Australia. I understand that I remain responsible for my child/ren and that I, or a carer I designate, must accompany my child/ren during a Mainly Music session at all times. I understand that I am invited to make a voluntary contribution of \$4 per session for one child or \$7 per session for more than one child.

Signed: _____

Name of Parent/Guardian: _____

Date: ____/____/____

