

**2015-2016**

**DMEP ENROLMENT FORM – Mini Mozarts**

**Student Information:**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *Town* \_\_\_\_\_ *County*

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent Guardian Email: \_\_\_\_\_  
\_\_\_\_\_

Student's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student's Age: \_\_\_\_\_

OFFICE  
USE ONLY:

**FAMILY I.D.:**

\_\_\_\_\_

**Instrument  
I.D.(s):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contact Information/ Medical Information**

**IN THE EVENT OF AN EMERGENCY, PLEASE PRINT THE NAME AND CONTACT NUMBER OF THE PERSON YOU WOULD LIKE US TO CONTACT:**

Name of Emergency Contact: _____	Phone Number of Emergency Contact: _____
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Please state any medical conditions or allergies relevant to this student:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE NOTE THIS CONTINUES OVERLEAF.....

## Photographic/Video Consent

**Occasionally a photographer/videographer may be present at some of the Donegal Music Education Partnership's concerts, rehearsals, workshops, classes etc. This photography and video footage may be used for PR purposes. Please tick if you consent.**

I hereby: (tick appropriate box)

Grant permission

Do not grant permission

to Donegal Music Education Partnership to take and use photographs and/or digital images of my child.

I agree that my child's name and identity may be revealed in descriptive text or commentary in connection with the image(s).

My Child's Name: \_\_\_\_\_

PLEASE PRINT

By signing my name (below), I authorize the above information, and agree to the terms and conditions of Donegal Music Education Partnership:

SIGNED: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN

DATE: \_\_\_\_\_