

Application Form

First Child:

Name and Age

Name of Suzuki teacher

Current top piece (and book)

Are there any medical conditions or special educational needs we should be aware of?

Second Child: (please give details of additional children on separate sheet)

Name and Age

Name of Suzuki teacher

Current top piece (and book)

Are there any medical conditions or special educational needs we should be aware of?

Parent/guardian name, address, phone and email

BSI membership number

To parent/guardian: Are you a qualified first aider?

Attending this course gives permission for us to take photos of your child for next year's flyer (and maybe even a website!), and to video the concert for training purposes only. If you do not want your child to be in the photographs or video please let us know.

Please make cheques payable to Helen Styles and post to

Helen Styles, Singing Strings

83 Clare Road

Maidenhead

SL6 4DN

contact email: singingstringscourse@gmail.com

Children must be accompanied by an adult at all times

Please bring a packed lunch

On-line Form : <https://form.jotforme.com/72815648629368>