

**APPLICATION FORM**

Please complete a *separate form* for each child.

Child's First Name: ..... Child's Surname: .....

Date of Birth: .....

Parent's First Name: ..... Parent's Surname: .....

Address Street: ..... Suburb: ..... P/C .....

Contact

Phone: Home: ..... Work: .....

Mobile: .....

Email: .....

**Preferred Class Details:**

Class Age: (circle)	Young Babies	Babies &	Twos	Pre-School
	4 – 10 mths	Tiny Tots	2 yrs – 3 yrs	Over 3 yrs
		11 mths – 2 yrs		

Time: .....

Location: (circle) Thornleigh Woollahra

NOTE: Class allocation will depend on enrolment numbers.

**Payment Options – in advance**

Cash

Cheque Please cross the cheque and make payable to *Jill Holland*

Post to: Jill Holland,  
PO Box 2040, Normanhurst NSW 2076

Electronic transfer – details available on request

**TOTAL Amount: \$ .....**

*Any further information which would be helpful for me to know, which would help me meet your child's needs, including known allergies..* .....

How did you hear about the program? (circle)

Sydney's Child    Flyer    Friend    Newspaper    jillsMusic.com    Other  
Website

Looking forward to *Making music together*