

Child's	Name				
SMALLSOUNDS D.O.B:			Age:		
FARLY CHILDHOOD MUSIC EDUCATION			OTHER:		
CENDE	1417 122	1 21411 (22			
1 – PARENT/CARER CONTACT					
Name:		Relationship to St	udent:		
Address:					
Mobile Ph: E	mail:				
2 -PARENT/CARER CONTACT					
-		Relationship to St	ident:		
Name:					
Tione Email					
Illnesses/disabilities/allergies you feel we sl	nould know abou	t:			
Why are music classes important to you? W	/hat would you lil	ke your child to achiev	ve?		
Please help us get to know your child.					
Favourite songs/nursery rhymes:					
Can your child sing along to familiar songs	?				
Can your crind sing along to familiar songs		Yes, but accuracy is limited			
		Yes, accurately most of the time			
	_ res, accur	ately most of the time	=		
List any instruments your child has seen					
and/or experimented with.					
Your child's favourite things/activities:					
Language Development: My child	☐ Makes bab	ov babble			
zangaage zevelopmenti my emain		Uses some simple words			
		le 2-3 word sentences			
	☐ Is conversa				
		_	_		
Developmental Milestones: My child can		Clap Crawl	Follow a simple instruction		
	☐ Walk	_ Jump			
Do you celebrate and specific cultural					
celebrations? Provide name and date:					

PAYMENT PREFERENCES I would like to pay:		PLEASE INVOICE ME FOR THE WHOLE TERM (\$239.00)		
		I would like to pay by weekly automatic direct debits (\$23.90 + transaction fee)		
		I will pay cash on a weekly basis (\$28.00 per session)		
How d	id you hear about us?			
COND	ITIONS OF ENROLME	<u>:NT</u>		
Your co	ooperation regarding the f	following will assist Small Sounds in maintaining a high level of service for all clients.		
	I understand that my child's	attendance must be regular and punctual for maximum benefit from Small Sounds' services to be achieved.		
		icipation in our music classes is required and that enthusiastic parental participation in all activities plays a the confidence, learning and enjoyment of Small Sounds students.		
	I acknowledge that I am responsible for the behaviour of my child/children during their music sessions and agree to work with my child and their teacher to ensure that all students can participate in a safe, supportive, and focused environment. I understand that my child's teacher may initiate discussions about behaviour in the case that my child is disruptive.			
	I acknowledge that, by enrolling my child, I am committing to weekly attendance during the term until such time as I choose to terminate my child's ongoing booking by notifying Small Sounds via SMS, phone call, email or in-person.			
	I understand that fees are charged on a per-term basis and that, should I elect to make weekly/fortnightly payments through the direct debit provider (Ezidebit), I will do so for the duration of the term or until such time as I terminate my child's enrolment at Small Sounds, even in cases where I fail to attend my booked sessions as per the relevant sections of this agreement.			
	Clients who wish to attend Small Sounds music sessions on a casual week to week basis may do so subject to availability. Each class has a maximum of 10 students and priority is given to permanent enrolments. Casual clients must confirm availability and attendance prior to the start of each weekly session by contacting Small Sonds via SMS, email or phone call each week. Casual sessions must be paid for using cash prior to the start of the session on the day. The cost is \$28.00/session.			
	I understand that failure to attend any scheduled lesson without having provided 24 hours prior notice via phone call, SMS or email results in forfeiture of that lesson's fees and that it is my responsibility to book a catch-up lesson by making contact with Small Sounds staff. Catch-up lessons are limited to 2 sessions/per student/per term and must be undertaken within the same invoiced term. Catch-up sessions cannot be cancelled or rescheduled. Cancelled catch-up sessions or those not organised by the client will be forfeited. If Small Sounds cancels a scheduled session due to business needs, a catch-up session, credit or refund will be offered as appropriate.			
	I understand that fees must be paid per-term in advance or via automated weekly direct debit payments collected by the third-party provider, Ezidebit. Any outstanding accounts must be settled prior to the following tutoring session to avoid refusal of service. The following direct debit fees will be added by the provider to each Ezidebit transaction; • Direct debit (bank account) - \$1.43 • Direct debit (Visa or Mastercard) – 2.39% In the case of a failed payment transaction, Ezidebit will charge the client a Dishonour Fee of \$9.90 and any outstanding session fees will be			
	debited on the next paymen			
Ш		r SMALL SOUNDS to publish, copyright, or use video, photographs, computer-generated imagery, and printed which I/my child is included, for use in media and marketing campaigns online and offline.		
	I understand that any resources that are lent to the student are done so on a weekly basis and must be returned to Small Sounds within th timeframe. I understand that, where a loaned resources is not returned by the due date or is returned damaged, I must pay the fees incurred up to the value of replacement of the loaned item.			
Name	e of Parent/Guardian:			
Signa	ture:	Date:/		