Katterwall
for the love of music

Admin Use
Student ID:

Katterwall Children's Programme
Registration Form

Student Information

Name of Student:

(First Name) (Last Name)

Date of Birth: / / (DD/MM/YYYY) **Age:**

School:

Address:

Flat/Room Floor Block

Building

Estate

No. & Name of Street

District Area KLN / NT / HK

Billing Address: (If different from above)

Flat/Room Floor Block

Building

Estate

No. & Name of Street

District Area KLN / NT / HK

Lesson Details

Course:
- ☐ Hullaballoo (for 5-6) Group A (Thurs)
- ☐ Hullaballoo (for 5-6) Group B (Fri)
- ☐ Singing'SKool (for 7-8)
- ☐ Katterwall Children's Music Theatre (for 9-10)

Fees are charged every 2 months in advance, which an invoice will be sent to your billing address above. Students who wish to discontinue, please email wyman@katterwall.com with at least 2 weeks notice prior to the beginning of each term.

Parent / Guardian Details *(Please fill in the followings if the form is signed by a guardian)* (Invoices will be sent to the following contact)

Name of Parent/Guardian: Ms / Mr / Mrs *(please delete as appropriate)*

(First Name) (Last Name)

Relationship with student: ☐ Mother ☐ Father ☐ Others _____

Email:

Contact Tel: (Daytime) (Evening)

Other Contact Ms / Mr / Mrs *(please delete as appropriate)*

(First Name) (Last Name)

Relationship with student: ☐ Mother ☐ Father ☐ Others _____

Email:

Contact Tel: (Daytime) (Evening)

About the Student

1. Does your child have any medical conditions that could affect their participation in group activities? Please explain.

2. Does your child take any medication?

3. Please use this space to tell us anything else that you think we should know:

I understand that: 1.) by completing this form, I give Katterwall my consent to use my child's photos for marketing and promotional purposes. 2.) all lesson fees are **non-refundable** and **non-transferrable**.

Parent/Guardian Signature:

_____ Date: / / dd/mm/yyyy

Please post this form together with the first payment to:
Katterwall Children's Programmes c/o Katterwall Ltd.,
Room 806, Arion Commercial Centre, 2-12 Queen's Road West, Sheung Wan
(Cheque payable: Katterwall Ltd. / Bank Transfer: HSBC 491 527 024 838)

Admin Use
Form received on: Student number: Handled by: