



PIANO MAESTRO'S WITH SHELLEY

BABY MESSAGE ONE-ON-ONE BOOKING FORM

Baby Massage Course:	Day:	Time:
Parents Names:		
Child's Name:	DOB:	
E-mail address:		
Contact Numbers:		
Home address:		
How did you hear about us?		
YES / NO	I permit my child's photograph to be taken in class and placed on the Social Media (Facebook, Instagram, Google)	
YES / NO	I permit my child's video in a group to be taken in class and placed on the Social Media (Facebook, Instagram, Google)	
COST PER SESSION	<p>\$100 per session x 4 week course = \$400 per family (2 adults and 1 child - Additional child = \$20 per session).</p> <p>* if further than 25km from Mount Claremont an additional \$20 per session will be charged for fuel.</p>	

PAYMENT DETAILS:
Mrs Shelley Koetser ANZ Bank
BSB: 016 266 Account Number: 249 028 455
Reference: Your child's name and class (ABN: 35 708 472 476)

Piano Maestro's 0448 726 582. Shelley.Koetser@gmail.com

Term Date 2024:		Mondays & Fridays - 4 consecutive weeks in the term time.
	Term 1:	Monday 10th February 2025 Thursday 3rd April 2025
	Term 2:	Tuesday 6th May 2025- Thursday 26th June 2025
	Term 3:	Tuesday 29th July 2025 - Thursday 18th September 2025
	Term 4:	Tuesday 14th October 2025 - Thursday 4th December 2025

<u>CLASS DATE:</u>	<u>TIME:</u>	<u>NO. ATTENDING:</u>
Monday's	9.30am - 10.30am	
	12pm - 1pm	
	3pm - 4 pm	
Friday's	9.30am - 10.30am	
	12pm - 1pm	

1. If you are your Baby is sick and unable to attend the session in person FaceTime options / make up session will be available.

2. Please bring along own baby blankets and preferred Massage oil or cream to session until you have trialed the Massage oil provided.

3. Please be mindful that photographs can only be taken with the consent of the others in the group. NO videoing is permitted at all times.

I, _____ have provided all relevant information regarding my child, as requested above. I declare all of the information provided to be accurate. I have read and acknowledged them.

SIGNED: _____ DATE: _____

