Glasgow Folk-music Workshop
Junior Enrolment and Parental Consent Form

Download, update, Save As **GFW Junior Enrol_YOUR_NAME** and email to gfwoffice@gfw.scot
Or print, complete and return with Payment to: GFW, Glasgow Kelvin College Springburn Campus,
123 Flemington Street, Glasgow G21 4TD
Our preferred method of payment is on-line to GFW, A/C No 10000769, Sort Code 80 11 80

First Name :	**Surname:**
Address:	**Parent Email Address** (please write legibly)
Post Code:	**Home Tel:**
Male / Female	**Mobile Tel:**
Date of Birth: dd/mm/yyyy	**Age:**
Current School:	**What Year are you in?**
Do you have additional support needs ?	**I have the following medical issues/allergies:**

Emergency Contact Name:	**Emergency Contact Tel:**
Enrolling for - Instrument / Class :	**Class Level (if known) :**
I was in a GFW class last year: Yes/No	**My Tutor was:**
I already play _____ **For how long?**	**Where did you learn?**

How will you pay ? Our preferred method is online banking	**Online Banking / Cheque / Cash** (delete not applicable)
Class Fees Per Term £35 (7 classes each term)	**Term Fees should be paid in full before start of term** You may choose to pay for 2 terms in August / January

Online Banking	Name: **GFW** A/C No: **10000769** Sort Code: **80 11 80** Please use your surname and instrument as a reference in the payment then email **gfwoffice@gfw.scot** to let us know that you have paid
Cheque	Bring or send with this form to **GFW, Glasgow Kelvin College Springburn Campus, 123 Flemington Street, Glasgow G21 4TD**
Cash	Bring with this form to College Building on enrolment night

Don't forget to complete declarations on page 2

Glasgow Folk-music Workshop
Junior Enrolment and Parental Consent Form

For new members, where did you hear about GFW ?

Declaration	
I agree to my child taking part in the above classes and acknowledge the need for good behaviour on their part. I agree to my child receiving Emergency Medical Treatment, including anaesthetic, as considered necessary by medical authorities.	
Signature Parent/Guardian**:**	**Date :**
I agree that GFW can photograph or record me at any time during GFW classes or workshops.	Yes/ No

GDPR ACKNOWLEDGEMENT	
I acknowledge GFW will not disclose the personal information given on this form to any third party, unless required by GDPR regulations. GFW may use my email to inform me of GFW activities and events, and of similar events which GFW students may find useful to their learning and enjoyment.	
Signature Parent/Guardian**:**	**Date :**

Other Permissions (yes / no in box)	**YES/NO**
GFW communicates to Members by Email or Notifications on GFW Website / Facebook. **Please ensure your Email address is clearly legible.** **If you do not want GFW to use your Email address, or if you don't have one, please put NO in the box:** On Request, the GFW Administrator can print copies for you.	
As Parent / Guardian, I would be interested in helping GFW by Volunteering:	
If Yes, areas I may be able to help are:	

PLEASE RETURN TO GFW either by email or post to:
GFW, Glasgow Kelvin College Springburn Campus,
123 Flemington Street, Glasgow G21 4TD

IF YOU HAVE ANY QUESTIONS, contact by email: gfwoffice@gfw.scot

updated Dec 2024