

REGISTRATION FORM



Child's Name: _____

Date of Birth: _____

Name(s) of Parents _____

Address: _____

City, State, Zip: _____

E-mail: _____

Home Phone: _____

Work Phone: _____

Cell: _____

Emergency Contact: _____

Phone: _____

How did you hear about Kindermusik (if new)? _____

Does your child have special needs or interests?

**DISCOUNTS: SIBLING IN SAME CLASS: 50% DISCOUNT
NEW STUDENT OR SIGN-UP-A-FRIEND DISCOUNT:
SAVE \$13 (SIBLING SAVE \$6.50)**

For late registration, classes prorated at \$13/class per remaining classes + fee for home kit. There are no refunds for missed classes, but make-ups are possible anytime during session for which you are registered. \$10 fee will be charged for returned checks. By signing this form, you agree to release Kindermusik with Katie and Katie Shinden from and against any claim arising from your or your child's participation in the program.

_____/_____
Parent's Signature /Date

TOTAL: \$ _____

Please make checks payable to: Katie Shinden

MAIL TO: Katie Shinden, PO BOX 6862 Ventura, CA 93006-6862

KATIE SHINDEN *Licensed Kindermusik Educator*

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