

Kindermusik Fall 2011 Class Registration Form

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender M/F

Any allergies/special needs? \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender M/F

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Please write in the day and time next the class you are interested in:

**Village(for babies-17 month olds)**

Day: \_\_\_\_\_ Time: \_\_\_\_\_ ; 2<sup>nd</sup> choice Day: \_\_\_\_\_ Time: \_\_\_\_\_

**Our Time (1.5-3 year olds)**

Day: \_\_\_\_\_ Time: \_\_\_\_\_ ; 2<sup>nd</sup> choice Day: \_\_\_\_\_ Time: \_\_\_\_\_

**Imagine That (3-5 year olds)**

Day: \_\_\_\_\_ Time: \_\_\_\_\_ ; 2<sup>nd</sup> choice Day: \_\_\_\_\_ Time: \_\_\_\_\_

**Young Child 1 -2- 3-4 (5-7 year olds)**

Day: \_\_\_\_\_ Time: \_\_\_\_\_ ; 2<sup>nd</sup> choice Day: \_\_\_\_\_ Time: \_\_\_\_\_

Parent Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Tel. \_\_\_\_\_

Method of payment: \_\_\_\_\_ check \_\_\_\_\_ cash \_\_\_\_\_ credit card using Kindermusik.com

Please send form with payment to Circle of Musical Friends, 16030 Janine Drive, Whittier, CA 90603.

Thank you for your registration. I look forward to seeing you in class!