



## Registration Form

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Boy or Girl? \_\_\_\_\_

Names and ages of siblings \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(street or P.O. Box) (city) (zip code)

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Child's Teacher: \_\_\_\_\_

Previous Kindermusik Classes? Please list. \_\_\_\_\_

If new, how did you hear about this class? \_\_\_\_\_

\_\_\_\_\_

Do you know anyone who would like to hear about Kindermusik? Would you list name and

phone number, please? \_\_\_\_\_

**Tell me one benefit you would like for your child to derive from this semester in Kindermusik.**