

Ages 1 ½ - 3



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 _____

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.