



## Registration Form

**Ages Newborn – 1 ½**

**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.**