



## Registration Form

Check the semester for which you are registering:

Semester I \_\_\_\_\_ Semester II \_\_\_\_\_

Semester III \_\_\_\_\_ Semester IV \_\_\_\_\_

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 (if applicable) : \_\_\_\_\_

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

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

Do you play a musical instrument which you would be willing to demonstrate in class? If yes, which instrument? \_\_\_\_\_

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. (Use the back of the paper if needed.)**