



Mailing address:
1290 Russ Hammell Rd
Utterson, ON P0B 1M0

Registration Form

(Please use one form per child)

Tel: 705-769-8118

Fax: 705-769-2112

Email: musicinme.sandra@gmail.com

www.musicinme.ca

Mail or fax this completed form to the above location or fax number.

Child's name: _____

Date of Birth: _____

Gender: male female

Mother's Name _____

Father's Name _____

Siblings' Name: _____

Home address: _____

Home Phone: _____

Cell Phone: _____

Bus Phone: _____

Email: _____

Fax Number: _____

Is there any information about your child (such as health concerns, allergies, etc.) we should be aware of?

How did you hear about "The Music in Me?"

website flyer friend magazine ad other (specify) _____

Check off which class you are registering for and fill in appropriate amounts.

- Village (6 weeks) \$115.00
- Village (8 weeks) \$140.00
- Our Time (12 weeks) \$205.00
- Our Time (15 weeks) \$240.00
- Imagine That (12 weeks) \$215.00
- Imagine That (15 weeks) \$250.00
- Young Child 1 (15 weeks) \$310.00
- Young Child 2 (15 weeks) \$310.00
- Young Child 3 (15 weeks) \$310.00
- Young Child 4 (15 weeks) \$310.00

Fee _____

*Discounts (specify) _____

Subtotal _____

TOTAL _____

*Applicable discounts are subject to approval

Subtract Deposit (\$75) _____

Balance _____ (Due first day of class)

Start Date _____

A deposit must accompany the registration form to guarantee your child's space in the class.

Indicate your preference in receiving your confirmation: e-mail _____ fax _____ phone _____

I have read all of the Policy, Procedure and Guideline information, and I agree to all the statements in full. I waive any claim against Sandra Dodds and The Music in Me while participating in Kindermusik classes.

Signature _____

Date _____