

Mother Goose Music Time - LINGLESTOWN
Registration Form - School Year 2013 - 14

Child #1 Name _____ Birthdate _____

Child #2 Name _____ Birthdate _____

Child #3 Name _____ Birthdate _____

Parent's Names _____

Complete Address _____

Best Phone _____ Other Phone _____

Email _____

How did you hear about the class? _____

Any health concerns or allergies? _____

If someone other than parents listed above is bringing the child please include:

Name _____

Relationship _____ Best Phone _____

Email _____

Please indicate:

Class Day _____ Time _____

Please refer to the website for pricing.

First child fee _____ + Second child fee _____ = Total _____

Credit Card Information: Visa _____ MC _____ Amex _____ Discover _____

Name on card _____ Card Number _____

Expiration Date _____ Security Code _____

Billing Information if different from above _____

Classes are filled on a first come first served basis, as registrations are received.

Please make check payable to:

Carol Anne Friesen, 11 Gentry Drive, Palmyra PA 17078.

In the event of a cancellation, \$10.00 of the tuition fee is non-refundable.

You have my permission to email me class-related information and announcements. I understand that my personal information will not be released to any third party, and is for the exclusive use of communication from Kindermusik with Carol Anne Friesen. You have my permission to use photographs or video of myself or my child taken at classes or special events. With this enrollment, I release any and all rights and claims for damages against Kindermusik with Carol Anne Friesen and its Staff in the unlikely event of injury sustained by myself or my child(ren) during the course of or as a result of my enrollment.

Signed _____ Date _____