

A 2011-12 Kindermusik Registration for...

Child's name _____ Date of birth _____
FIRST NAME LAST NAME

ENROLL my child in: Village Our Time Imagine That! Young Child Family Time

____ First time in VILLAGE? Check here to get a FREE diaper bag. ____ First time in IMAGINE THAT!? Check here to get a FREE backpack.

____ DAY TIME Cedar Park location Lakeway location Southwest location

ENROLL a Sibling in: Village Our Time Imagine That! Young Child Family Time

____ First time in VILLAGE? Check here to get a FREE diaper bag. ____ First time in IMAGINE THAT!? Check here to get a FREE backpack.

Sibling's name _____ Date of birth _____
FIRST NAME LAST NAME

____ DAY TIME Cedar Park location Lakeway location Southwest location

If you need to change your class day and time, you may contact us at any time. Otherwise, you'll stay enrolled in the same class from September to May. Should you need to withdraw before May 2012, enrollment may be cancelled by providing written notice prior to the 1st of the month.

Contact Information

Parent Name(s) _____

Mailing Address _____
(street or P.O. Box) (city) (zip code)

E-Mail _____ New to program Previously Enrolled Update my Info

Home Phone _____ Work or Cell Phone _____

How did you hear about us? Print ad Demo Google Signs Referred by _____

Payment Information

Easy Monthly Installments with credit or debit card (monthly payments charged on the 5th of each month, September thru May)

____ Visa ____ MasterCard ____ Discover Card # _____

Exp. _____ CVS: _____ Cardholder's name _____

Tell us and save!! if enrolling siblings in the same class or if you have either semester's materials from a previous enrollment.

Name of materials? _____

With this enrollment, I release any and all rights and claims for damages against Kindermusik by Deborah Foster 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 this musical activity.

You have my permission to send me class-related emails. You have my permission to use photographs or video of my child from class.

Signed _____ Date _____

Complete your registration by...

MAIL: 111 Explorer Cove Lakeway, Tx. 78734* PHONE: 512-261-5536 * ONLINE: www.kmbydeborah.com