



Child name(s): _____

Nickname(s): _____

Birthday(s): _____

Siblings: _____

Parent/Guardian

Full Name(s): _____

Address: _____

Cell Phone: _____

Emergency Phone: _____

E-mail: _____

Special needs or concerns: _____

How did you hear about us? _____

Referrals: _____

Classes (please tick one):

- Village (0-18 months) _____
- Our Time (1.5 – 3 years) _____

- Family Time (0-7 years) _____
- ABC Music & Me (2 - 4 years) _____
- Sign & Sing (6 months - 3 years) _____
- Infant Massage _____

I prefer to pay (check one):

Full payment with enrolment

Deposit with enrolment & balance on first day of the term.

Deposit with enrolment & balance in two equal payments in weeks 1 & 4.

Parent/Guardian signature: _____ **Date:** _____

PHOTO RELEASE:

I grant permission for KINDERMUSIK WITH YULIYA to use any pictures taken of myself or my child during class activities for the purpose of in-studio display, press releases, studio website and studio blog.

_____ Date _____ Signature