

ZION LUTHERAN PRESCHOOL

KINDERMUSIK REGISTRATION FORM

8 Week Program

CHILD'S FULL NAME _____
(Last) (First) (Middle)

ADDRESS _____
(Number & Street) (City) (Zip)

DATE OF BIRTH _____ Home phone _____
(Month, Day, Year)

FATHER'S NAME _____ Cell phone _____

OCCUPATION _____ Bus. Telephone _____

MOTHER'S NAME _____ Cell phone _____

OCCUPATION _____ Bus. Telephone _____

Email: _____

Name of person attending class with child: _____

Relationship: _____

Age of Child(ren) attending: _____

My child has the following medical conditions or allergies you should know about:

I agree to pay a registration fee for KinderMusik at Zion and I agree to the payment terms and conditions of the program. No refunds or rescheduling will be done if the child misses a session.

Parent's Signature _____ Date: _____

Session Start Date: _____

Office Use Only:

Registration Fee of \$20.00 per family

8 Week Course Fee of \$120.00

Paid on: _____ Check# _____

Paid on: _____ Check# _____