



Kindermusik Class Registration Form

Personal Information:

Student's Name: _____

Birth Date : _____ Age (if child): _____

Parent's Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

How did you find out about us? _____

Registering For:

Village _____ Our Time _____ Imagine That _____ Young Child _____

First Choice Class Day and Time: _____ Second Choice: _____

Class Registration Payment Options:

Please refer to brochure for payment amounts. Initial payments can be made by check or credit/debit card and must be included with registration form. I understand I am registering my child for the 15 week semester.

___ **Class Payment Option 1-** Pay materials and semester in full by check or credit/debit card. Please fill in credit/debit card information below if applicable. Prices on schedule reflect a 10% pay in full discount

___ **Class Payment Option 2-** Materials and first month's tuition paid at registration. Tuition balance may be paid at first class or automatic monthly payments set up below.

___ **Class Payment Option 3-** First and last months tuition. First, last and materials paid at registration. There will be a \$5 late fee applied to all payments not received by the 7th of the month.

Please Choose one:

Pay in Full: _____ Amount: _____

Set up Monthly Payments: _____ I agree to make _____ payments of _____ beginning _____ and ending _____

Name on Card: _____

Visa _____ Mastercard _____ American Express _____ Checking Account: _____ (attach voided check)

Credit/Debit Number _____

Expiration Date: _____ CVC# _____ (3 digit number on back of card)

Signature: _____

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