

___ Returning Student

Today's Date: _____

MERINDA'S GARDEN OF MUSIC 2008-2009 Registration Form

Child's Name: _____ Age: _____ Birthdate: _____

Parents' Names: _____

Street Address: _____

Contact Numbers: _____ Email Address(es): _____

School Name & Grade (if applicable): _____

Sibling(s) Name(s) _____ Age _____ Birthdate _____

Any Other Information I Should Know (formal music training, medical issues, behavioral issues, learning style, best way to your child's heart, etc. Continue on back if needed):

Please Indicate Your Class Choice Below:

Age Group	Class & Timings	Time	Caregiver Attends?	Registration Fees	Tuition (15 Wks)
Birth - 5 yrs	Family Music TBA	30 min	YES	\$30	\$125 (\$35/mo)
3 - 5 years	Cycle of Seasons Tuesdays 1:20-2:00 pm	40 min	YES	\$40	\$145 (\$40/mo)
4 - 6 years	Music Makers Around the World Thursdays 4:00-5:00 pm	60 min	Last 10 min	\$50	\$200 (\$55/mo)
5 - 7 years	Music Makers At the Keyboard Thursdays 5:20-6:30 pm	70 min	Last 10 min	\$60	\$235 (\$65/mo)

<input type="text"/>	REGISTRATION FEES (<i>non-refundable</i>)
<input type="text"/>	TUITION (check one)
	___ Full Semester (10% discount)
	___ 1 st Installment
	___ Full Year (15% discount)
<input type="text"/>	DISCOUNT/LATE CHARGE: _____
<input type="text"/>	TOTAL AMOUNT DUE
<input type="text"/>	TOTAL ENCLOSED (make checks payable to Merinda Cutler)

OFFICE USE ONLY
Check # _____
Date of Deposit _____
Paypal _____
Cash _____
FM Rec'd _____
FM II Rec'd _____