



Singing Hearts Music Registration Form

Caregiver's full name	
Child's full name	
Child's birthdate	
Class Name	
Class Time Choice #1	
Class Time Choice #2	
Address	
City, Zip	
Day Phone/Messages	
*Cell Phone/Emergency #	
Email address	
(for Studio Only) Class Costs:	
How did you learn about Singing Hearts Music?	<input type="radio"/> Friend <input type="radio"/> Parent Map Ad <input type="radio"/> Internet search for music classes <input type="radio"/> Seattle's Child Ad _____ Other

*required

Please accept my deposit of \$50 (\$20 non-refundable) or payment of \$_____ for fall/winter 09 classes and I'll pay the remaining balance in full by week 3 of class or in two equal payments by week 3 and week 7 of class.

If joining late: prorated tuition calculated appropriately excluding materials fee.

Signature _____

Date _____

(Please fill out separate forms for each child enrolled.)