

## Musikgarten Class Registration Form

Parent(s) Name(s): \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Caregiver's Name (if participating with child): \_\_\_\_\_

Registering for: (circle)      Music Makers I                      Family Music

   Music Makers II                      The Cycle of Seasons

Special needs, behavioral, medical or other information about the child that we should be aware of:

\_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

Profession(s) – optional: mom \_\_\_\_\_ dad \_\_\_\_\_

Musical background of parent(s) – if any:

I agree to comply with the registration policies of Ms. Susan Chai's music studio. I do hereby release and discharge Ms. Susan Chai, and where classes are taught, from any and all actions, claims and demands for, upon or by reason of damage, loss or personal injury which may be sustained by my child or myself during the course of or as a result of this musical activity.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

**A minimum of \$50 must be paid in advance to secure a spot in class requested**

**Please make cheques payable to Susan Chai and mail with this form to:**

**9251 Saunders Road, Richmond, BC V7A 2B2**

**Office Use:**

Received \$\_\_\_\_\_ payment

Confirmation Sent

Full Payment Received