



# Registration

## How Did you Hear About Us:

Current Kindermusik Student  
Friend/Family Member  
Phone Book  
Library

Sibling of Current Kindermusik Student  
Drive/Walk By  
Church Member  
Other \_\_\_\_\_

Newspaper  
Website  
Mailed Brochure

## Family Information:

Family Name: \_\_\_\_\_

Contact #1 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_

Contact #2 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Student #1 Information:

Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: \* (format=mm/dd/yy) \_\_\_\_\_ Gender M F

School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Class Choice /Day/Time \_\_\_\_\_

## Student #2 Information:

Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: \* (format=mm/dd/yy) \_\_\_\_\_ Gender M F

School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Class Choice /Day/Time \_\_\_\_\_



**Student #3 Information:**

Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: \* (format=mm/dd/yy) \_\_\_\_\_ Gender M F

School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Class Choice /Day/Time \_\_\_\_\_

**Payment Information**

You may choose to pay in full using Auto Pay (checking account or credit card) or in 4 equal monthly payments. If you choose the latter, your first debit will be for the materials fee which will hold your child's place in class. This fee is non-refundable. Subsequent debits will not begin until August. Upon receiving your registration and account information you will be contacted within 48 hours to verify your enrollment and payment plan. Students are enrolled for the entire semester and there are no refunds for missed lessons or early withdrawal. Summer camps must be paid in full and no discounts apply to summer. The NSF charge is \$25 for any returned check or electronic funds.

I've read the above and agree.

**Release and Hold Harmless Agreement**

As a participant in this MUSICAL BEGINNINGS program, I recognize and acknowledge that there are certain risks of injury and I waive and relinquish all claims I or my children may have as a result of participating in this program against MUSICAL BEGINNINGS and its owner, teachers, employees and volunteers. I further agree to indemnify, hold harmless and defend MUSICAL BEGINNINGS from and against any and all claims, suits, or cause of actions, including reasonable attorney's fees, sustained or caused by myself or my children arising out of, in connection with, or in any way associated with the activities of this program. I give my child permission to participate in this program, and on the child's behalf as parent and/or legal guardian I hereby waive, release and forever discharge any and all claims against MUSICAL BEGINNINGS and its owner, teachers, employees and volunteers for damages and/or injuries which may arise from my child's participation in this program.

I've read the above and agree.

**Photo Release**

Pictures of children (in class activities) may be used for class photos, t-shirts, collages, in-studio display, press releases and marketing materials in print and on the school/studio website.

I've read the above and agree.

**Medical Emergencies**

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor, of the minor(s) registered here in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

I've read the above and agree.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Automatic Payment Consent Form

P.O. Box 547 Mesilla, NM 88046 phone: **(575) 525-2909**  
**www.musicalbeginnings.net**

Student's Last Name: \_\_\_\_\_ Student's First Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Please Choose Your Preferred Method of Payment:

Pay the Semester Tuition in Full

Monthly Automatic Payment (Checking Account/Visa/Mastercard)

For your convenience, you can divide the semester tuition into 4 equal monthly payments.

I hereby authorize Musical Beginnings to charge tuition payments to my account . I will give the studio office one month's written notice from the first of the month to discontinue these charges.

\_\_\_\_\_  
Signature

### Method of Payment (choose 1)

Checking Account —attach voided check here

Credit Card (Visa/MasterCard)

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Billing Address

Post-dated Checks

Please include 4 checks for Tuition: dated the 1st of each month August 2008 through May 2009.

Materials fee is due upon registration. Your child's place in class cannot be reserved without this payment.