



Kindermusik Celebrations

Tecumseh and Lakeshore Locations

Registration Form

Please use one form per child

Parent's Name(s): _____ Phone: _____

Address: _____ Postal Code: _____

Child's Name: _____ Date of Birth: _____

E-mail Address: _____

IMPORTANT! *Please submit 2 class choices for your family, as classes may become full without notice. (Minimum class size: 6 students)*

Program Name	Day	Time	Location
1st choice:			
2nd choice:			

Are there any health concerns we should be aware of? _____

How did you hear about Kindermusik? _____

Method of Payment: () Cheque () Cash Amount Enclosed \$ _____

Please mail to:

Kindermusik Celebrations
Attn: Marie Spadafora
110 Wintermute Avenue
S. S. #4
Belle River, ON N0R 1A0