



**Registration - Summer 2011**  
**Musical Beginnings**

[www.musicalbeginnings.com](http://www.musicalbeginnings.com)



Child's Name \_\_\_\_\_

Parent's Names \_\_\_\_\_

**If you are already a Musical Beginnings family and your contact information has not changed, please go on to the next section:**

Address \_\_\_\_\_

City & Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Work or Cell Phone (circle one) \_\_\_\_\_

Email Address \_\_\_\_\_

(Our preferred way of communicating with Kindermusik families!)

How did you hear about Kindermusik (if new)? \_\_\_\_\_

CLASS SELECTION – Name \_\_\_\_\_ Starting Date \_\_\_\_\_

Time \_\_\_\_\_ Location \_\_\_\_\_

Second Choice - Name \_\_\_\_\_ Starting Date \_\_\_\_\_

(If 1st class doesn't have enough to run.)

Time \_\_\_\_\_ Location \_\_\_\_\_

Home Materials Full Kit \_\_\_\_\_

Sibling Kit \_\_\_\_\_ (\$8 discount)\*

\*Available for those who have done the class previously or have had or do have another child enrolled in the class.

All Family Time classes - 2nd child is \$8 off and 3rd child is \$15 off.

**Payment information on back!**

**Payment information:**

*In registering my child for a Kindermusik camp, I agree to pay for the entire summer session.*

*Enrollment in this class gives Musical Beginnings the right to use any pictures taken in promotion of our program. By submitting this registration, I waive and release Musical Beginnings and its affiliates, officers, members, employees, attorneys, representatives, successors and assigns (collectively, the "Releasees"), of and from, and promise never to institute, assert, prosecute or pursue, any and all claims, charges, liabilities, claims for relief, demands, suits, action or causes of action against the Releasees, whether based in contract or relating to personal injury or damage to property, arising during the course or as a result of this musical activity.*

DATE \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_

_____ Visa	Card Number _____
_____ Discover	3 Digit Security Code (on back of card) _____
_____ MasterCard	
Payment Amount \$ _____	Expiration Date (MM/DD/YY) _____
(Must be a payment in full if using credit card.)	
Name as it appears on card - PRINTED _____	
Card Holder's Signature _____	

\_\_\_\_\_ Paying by check                      \_\_\_\_\_ Check #

**Please make checks payable to and mail to: Musical Beginnings**

**606 South Union St  
Westfield, IN 46074  
Phone: 867-3077**

**\*Locations:** Check out our web site for directions and a map: [www.musicalbeginnings.com](http://www.musicalbeginnings.com)

- Notice the opportunity to **bring your whole family** to a Kindermusik class. No age divisions for this one! Come all together and have a great time in a Family Time class!
- Questions? Call 317-867-3077 or email [kimusik@musicalbeginnings.com](mailto:kimusik@musicalbeginnings.com)