

2009-2010 *Kindermusik*® Registration Form

Kindermusik® at Piano Central Studios 864-232-5010 www.PianoCentralStudios.com

Name and Class Choice

Child's name _____ Date of birth _____
FIRST NAME LAST NAME

Enroll us in: Village Our Time Imagine That! Young Child Sign & Sing

____ First time in Imagine That! Check here to get a FREE backpack.

DAY TIME Pleasantburg location Woodruff location

ENROLL a Sibling in: Village Our Time Imagine That! Young Child Sign & Sing

____ First time in Imagine That! Check here to get a FREE backpack.

Sibling's name _____ Date of birth _____
FIRST NAME LAST NAME

DAY TIME Pleasantburg location Woodruff location

If you need to change your class day and time for the Spring semester, you will have an opportunity to do so. Otherwise, we'll keep you enrolled in the same class for the Fall and Spring. You may also cancel your reservation for Spring by January 10 without any further obligation.

Contact Information

Parent Name(s) _____

Mailing Address _____
(street or P.O. Box) (city) (zip code)

E-Mail _____ New to program Previously Enrolled Update my Info

Home Phone _____ Work or Cell Phone _____

How did you hear about us? Print ad Demo Google Signs Referred by _____

Payment Preferences – First payment due with registration

____ Pay in two installments by check OR ____ Pay in two installments with credit card

____ Pay by the month with credit or debit card (monthly installment charged at registration, then on the 15th of the month, October - April)

____ Visa ____ MasterCard ____ Discover Card # _____

Exp. _____ Cardholder's name _____

Save \$25 if you are enrolling siblings in the same class or if you have either semester's materials from a previous enrollment.

Name of materials? _____

With this enrollment, I release any and all rights and claims for damages against Piano Central and its Staff in the unlikely event of injury sustained by myself or my child(ren) during the course of or as a result of this musical activity.

You have my permission to send me class-related emails. You have my permission to use photographs or video of my child from class.

Signed _____ Date _____

Complete your registration by...

Mailing it to: PCS, PO Box 31047, Greenville, SC, 29608 * **Calling us** at 864-232-5010
Going online at www.PianoCentralStudios.com