

Registration	
Name of Child:	-
Name of Parent(s):	_
Address:	-
Email:	
Phone: Home	
Work: Cell:	_
Emergency contact (name, phone number, relationship)	
Age of Child: Date of Birth:	
<u>Class Choice</u> : Each session consists of eight weeks of classes refundable registration fee due at time of registration and	s. Classes are held once per week. <i>There is a one-time \$25.00 non-lbefore classes begin.</i>
**Classes will not be held on major holidays observed by schools.	
☐ Mini Maestros (ages 2-3)\$108.00	
☐ Musical Maestros (ages 4-6)\$120.00	
Payment Form:	
\square Check (payable to Kindermaestros)	
☐ PayPal via our website: www.Kindermaestros.com	
	child above and grant permission for him/her to participate in the Kindermaestros program ntractors affiliated with Kindermaestros for any injuries or illness that may occur as a result
I authorize any representative of Kindermaestros to obtain and/or administer a	ny emergency treatment they deem necessary for my child.
Parent/Guardian signature	
Date	
Return this form before classes begin to ensure your child's space in the class.	Feel free to call us at the number below or email carolyn@kindermaestros.com with any

questions.