

Registration Form Fall 2010

<p>Family Time Newborn - 6 yrs.</p> <p style="text-align: center;"><i>"Our Kind of Day"</i></p> <p>10 weeks \$176 Includes tuition and materials for first child Second child \$108 1 set of materials per family</p>	<p>Village Newborn - 18 mos.</p> <p style="text-align: center;"><i>"Zoom Buggy" and "Dream Pillow"</i></p> <p>15 weeks \$256 includes tuition and materials You may sign up for 1st 7 wks \$122, or 2nd 8 wks \$134</p>	<p>Our Time 18 mos - 3 ½ yrs</p> <p style="text-align: center;"><i>"Milk & Cookies"</i></p> <p>15 weeks \$236 includes tuition and materials</p>	<p>ABC Music and Me 18 mos - 4 yrs and 3 ½ - 6 yrs.</p> <p>4 weeks \$65 includes tuition and materials</p>	<p>Imagine That 3 - 5 yrs.</p> <p style="text-align: center;"><i>"Hello Weather"</i></p> <p>15 weeks \$246 includes tuition and materials</p>	<p>Young Child 5 - 7 yrs.</p> <p><i>Yr 1, Semester 1 Yr 2, Semester 2</i></p> <p>15 weeks \$280 includes tuition and materials</p>
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Deposit and Payment Plan Schedule:

- **Family Time:** \$56 deposit upon registration. 2 monthly payments of \$60 for the 1st child (2 payments of \$54 for 2nd child).
- **Village:** \$76 deposit upon registration. 4 monthly payments of \$45 over the 15 week session
- **Our Time:** \$56 deposit upon registration. 4 monthly payments of \$45 over the 15 week session
- **Imagine That:** \$66 deposit upon registration. 4 monthly payments of \$45 over the 15 week session
- **Young Child:** \$80 deposit per unit upon registration. 4 monthly payments of \$50 over the 15 week session
- **ABC Music and Me:** \$20 deposit upon registration. \$45 due by 1st class

Register quickly and easily online at www.kindermusikofcleveland.com

Or if you prefer, fill out one form per each child below and send it in with payment to the address listed at the bottom.

Kindermusik of Cleveland Registration Form Fall 2010

PLEASE PRINT CLEARLY

Parent/Guardian _____ Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____

Street
City
State
Zip

Child Name: _____ Birth Date: _____

Please list any behavioral or medical conditions that we need to be aware of: _____

1st Choice _____

class level
location
day
time

2nd Choice _____

class level
location
day
time

Master, Visa, AMEX or Discover Card# _____

Exp. Date _____ 3 digit Security Code _____ 4 digit AMEX security code _____

Billing Name and Address if different from above _____

Deposit \$ _____

- OR -

Pay in Full \$ _____

___ *I already took this unit with an older child.*

___ *I need a pro-rated fee.*

Please send check or credit card information to **Kindermusik of Cleveland, 2885 Courtland Blvd, Shaker Hts. OH 44122**

How did you hear about us? _____

If a friend, then whom may we thank? _____

Questions or Comments _____

Contact us: Phone: 216 991-1063
Email: info@KindemusikofCleveland.com