



765-457-9096
 PO Box 26, Kokomo, IN 46903-0026
<http://www.growingkidswithmusic.com>
 kindermusikwithrj@mac.com

PAYMENT

Class fees may be paid at one time, or may be paid in three installments. If paying all at once, payment is due with registration.

	<u>One-time payment</u>
<i>Our Time</i>	\$170
<i>Imagine That!</i>	\$175
<i>Young Child</i>	\$190

Following is the three-installment plan. The registration fee must be included with your registration form and is non-refundable.

	<u>Reg</u>	<u>08/16</u>	<u>9/27</u>
<i>Our Time</i>	\$70	\$50	\$50
<i>Imagine That!</i>	\$75	\$50	\$50
<i>Young Child</i>	\$90	\$50	\$50

You are the best form of advertising. You will receive \$10 per registered family for your referral.

WHERE

All classes meet in the basement of Highland Park Church, 516 West Sycamore, Kokomo, Indiana. The church is two blocks west of Washington Street. Directions: Take Walnut (which is one block north of Sycamore) to Webster, which is one-way going south. Once you turn on Webster, the church parking lot is on your right. Enter the doors to the church and take an immediate right down the stairs.

WHEN

Fall 2010 classes begin on Monday, August 16 and meet weekly through Thursday, December 2. Monday classes will not meet the week of Labor Day, September 6. Tuesday and Thursday classes will not meet on Thanksgiving, November 23, 25.

FALL 2010 SCHEDULE

Our Time	Monday	10:15–10:55	Imagine That!	Monday	12:00–12:45
	Monday	6:30–7:10		Tuesday	5:35–6:20
	Tuesday	10:30–11:10		Thursday	5:15–6:00
	Tuesday	4:45–5:25	Young Child 1	Monday	1:00–2:00
	Thursday	6:15–6:55		Tuesday	6:30–7:30
			Young Child 3	Thursday	4:00–5:00

FALL 2010 REGISTRATION FORM

Registration deadline is August 6
 Make checks payable to Kindermusik, PO Box 26, Kokomo, IN 46903-0026

Parent Name _____

Street _____ City _____ Zip _____

Phone _____ Email _____

How did you hear about us? _____

If friend or ad, please be specific

Child's Name _____ Date of Birth _____

Class Village Our Time Imagine That! Young Child

Day/Time First Choice _____ Second Choice _____

Child's Name _____ Date of Birth _____

Class Village Our Time Imagine That! Young Child

Day/Time First Choice _____ Second Choice _____

Are there medical or behavioral concerns of which the Kindermusik teacher should be aware?

Confirmation of registration will be sent within two weeks after receipt of registration form and payment.