

THE MUSIK PLACE REGISTRATION FORM

Please PRINT, COMPLETE and MAIL this form with your payment.

FAMILY INFORMATION

CHILD'S NAME: _____

BIRTHDATE: ____/____/____ AGE: _____

PARENTS NAME(S): _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

HOME PHONE: _____ BUS/CELLPHONE: _____

E-MAIL ADDRESS: _____

CHILD'S NICKNAME: _____

DOES YOUR CHILD HAVE ANY SPECIAL PHYSICAL OR LEARNING NEEDS OF WHICH I SHOULD BE AWARE?

CAREGIVER'S NAME (if participating in class): _____

HOW DID YOU FIND OUT ABOUT THE MUSIK PLACE? (Please be specific, if possible: a friend's name, particular advertisement, Yellow pages, search engine)



REGISTERING FOR:

CLASS (i.e. Toddlers) _____ SESSION _____
DAY _____ TIME _____

PAYMENT OPTIONS

Check # _____ Amount \$ _____

VISA/MASTERCARD/DISCOVER (circle one) Amount \$ _____

Account # _____ Card Verification # _____ Exp. Date ____/____

AUTHORIZATION AGREEMENT and REFUND POLICY

- 100% refund less a \$10.00 processing fee if your request to withdraw is received a minimum of 5 business days prior to the first class.
- Pro-rated refund on tuition ONLY (less materials) if your request to withdraw is received before the fourth week of class.
- Summer Sessions: Cancellations must be received by the first week of class, or first class in camp sessions, in order to receive a refund (less materials).
- I agree to pay a \$25 fee in the event that the bank does not honor my check due to non-sufficient funds.
- I understand that I have registered _____ (child's name) in a class at The Musik Place. A spot in the class has been reserved for my child for the duration of the class.

I have read and agree to the above refund policy:

Parent/Guardian Signature

Date

Return this completed form and your check to:

The Musik Place
2501 152nd Ave NE
Redmond, WA 98052

It is my privilege to have you and your child in my program!
Your enrollment will be confirmed with a Welcome Letter and/or phone call within two weeks.

Questions?: 425-556-5990