Registration Form - Fall 2016

(One Per Child)

Child's name: _____

Child's age: _____ Date of birth: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Parent/caregiver's cell phone: (_____) _____ Email address: _____

Special circumstances (special needs, legal issues, etc.) :_____

_____

___ Tuesdays 1:00 – 2:00 p.m. (3 & 4 yr olds)

___ Wednesdays 1:00 – 2:00 p.m. (3 & 4 yr olds)

___ Thursdays 6:30 – 7:00 (5-8 yr olds)

*Covenant: I understand that participating in the Music Academy at Community UMC means that my child will be asked to perform monthly in Sunday -services at Community. I agree to have my child present and involved on those scheduled dates.

Parent's Signature: _____

Tuition: $40.00/ month first child - $30.00/ month subsequent children