

Kindermusik at the Burch School of Music

Spring 2019, REGISTRATION SHEET

(Please complete one sheet per child)

Student Name _____ Telephone _____

Parent Name _____ Email Address: _____

DEADLINE FOR ENROLLMENT: January 11, 2019 (Calendar: Jan 28-May 17)

Please enroll my child in following Kindermusik Class at the Burch School of Music:
(if you are available for more than one section, please indicate 1st, 2nd, 3rd choices)

_____ **Village/Rhythm of my Day/Hickory, Dickory, Tickle and Bounce** (0 – 1.5 yrs.)
Thursdays from 8:30-9:15 a.m.

_____ **Village/Rhythm of my Day/Hickory, Dickory, Tickle and Bounce** (0 – 1.5 yrs.)
Fridays from 8:00-8:45 a.m.

_____ **Our Time Fiddle Dee Dee!** (1.5 – 3 yrs.)
Tuesdays from 9:00-9:45 a.m.

_____ **Our Time Fiddle Dee Dee!** (1.5 – 3 yrs.)
Wednesdays from 9:30-10:15 a.m.

_____ **Our Time Fiddle Dee Dee!** (1.5 – 3 yrs.)
Fridays from 9:00-9:45 a.m.

_____ **Imagine That! Cities! Busy Places ~ Friendly Faces!** (3 – 4 yrs.)
Tuesdays from 2:00-2:45 p.m.

_____ **Imagine That! Cities! Busy Places ~ Friendly Faces!** (3 – 4 yrs.)
Wednesdays from 10:30 a.m.- 11:15 a.m.

_____ **Imagine That! Cities! Busy Places ~ Friendly Faces!** (3 – 4 yrs.)
Thursdays from 9:30 a.m.- 10:15 a.m.

_____ **Young Child Semester II** (4 – 7 yrs.)
Tuesdays from 4:15- 5:15 p.m.

_____ **Young Child Semester II** (4 – 7 yrs.)
Wednesdays from 4:00- 5:00 p.m.

_____ **Young Child Semester IV** (4 – 7 yrs.)
Mondays 4:15-5:15 p.m.

_____ **Young Child Semester IV** (4 – 7 yrs.)
Thursdays from 2:45-3:45 p.m.

Classes must have at least **five** students in order to be offered. Other times may be available upon request, so please let me know if your child has conflicts with these times and needs a different schedule.

Signature of Parent or Guardian

Phone

Date

Please return this page, plus tuition check, to:
THE BURCH SCHOOL OF MUSIC - PO BOX 2345 - WEATHERFORD, TX. - 76086
(Dr. Holly's email is hollyhughes@burchschool.com BSM Phone number is 817-341-2345)

KINDERMUSIK DATA SHEET

CHILD'S NAME: _____

PARENTS' NAMES: _____

ADDRESS: _____

City	State	Zip
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PHONE: _____

Home	Mom Cell	Dad Cell	Work
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E MAIL ADDRESS: _____

CHILD'S BIRTHDATE _/_/_ **FOOD ALLERGIES:** _____

SIBLINGS' NAMES AND AGES: _____

If your child has special needs, please let us know. We would like to serve you and your family to the best of our abilities, and it is very important to understand the children we teach. This information would be held in strictest confidence: _____

Please help us with marketing by letting us know how you heard about KINDERMUSIK at THE BURCH SCHOOL?

- _____ Kindermusik Web Site
- _____ Burch School Web Site
- _____ Burch School Facebook Page
- _____ The Schoolhouse
- _____ Newspaper (Which: _____)
- _____ Word of mouth (Who: _____)
- _____ Other: _____

BRING A FRIEND DISCOUNT:

(\$20 off tuition for every new family recruited to Kindermusik...up to four families for a total of \$80 off)

I am new to the Burch School and was recruited by: _____

I am returning to the Burch School and have recruited: _____
