

# *Kindermusik* at the Burch School of Music

## Fall 2021, REGISTRATION SHEET

(Please complete one sheet per child)

Student Name \_\_\_\_\_ Parent Name \_\_\_\_\_

Parent Cell \_\_\_\_\_ Parent Email Address: \_\_\_\_\_

**DEADLINE FOR ENROLLMENT: August 6, 2021** (Calendar: Aug. 23-Dec. 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 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> choices)

\_\_\_ **Village Feathers/Do-si-do** (1.5 – 3 yrs.) on Wednesdays from 8:15-9:00 a.m.

\_\_\_ **Our Time Wiggles and Giggles** (1.5 – 3 yrs.) on Wednesdays from 9:30-10:15 a.m.

\_\_\_ **Our Time Wiggles and Giggles** (1.5 – 3 yrs.) on Fridays from 9:00-9:45 a.m.

\_\_\_ **Imagine That! See What I Saw!** (3 – 4 yrs.) on Tuesdays from 1:00-1:45 p.m.

\_\_\_ **Imagine That! See What I Saw!** (3 – 4 yrs.) on Wednesdays from 10:45-11:30 p.m.

\_\_\_ **Young Child Semester I** (4 – 7 yrs.) on Tuesdays from 4:15-5:15 p.m.

\_\_\_ **Young Child Semester I** (4 – 7 yrs.) on Thursdays from 2:00-3:00 p.m.

\_\_\_ **Young Child Semester III** (5 – 7 yrs.) on Mondays 4:15-5:15 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.

**YES!** I wish to enroll my child for the entire academic year. S/he will be enrolled in the following class in the Spring semester: \_\_\_\_\_ for a total tuition cost of \$ \_\_\_\_\_, paid by the week of August 23, 2021.

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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](mailto:hollyhughes@burchschool.com) BSM Phone number is 817-341-2345)

# KINDERMUSIK DATA SHEET

**CHILD'S NAME:** \_\_\_\_\_

**PARENTS' NAMES:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

City

State

Zip

**PHONE:** \_\_\_\_\_

Home

Mom Cell

Dad Cell

Work

**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: \_\_\_\_\_

\_\_\_\_\_

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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: \_\_\_\_\_

\_\_\_\_\_

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## 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: \_\_\_\_\_

\_\_\_\_\_