

Child's FULL Name (First and Las	st)		Date of Birth(D/M/Y)
Parents' Full Names			
Address			
Post Code, City			
Phone(s)			
e-mail			
Kindermusik <i>Imagin</i>	e That! (English-spea	aking 3¼ - 5 y	rear-olds)
T	hursday 11	:15 – 12	2:00
Classes will be held on.	:		
January 30	February 6 1	3 20 27	March 20 27
April 3 10	May 8 15 22	June 5	12 19(Graduation)
There will be breaks for B	asel Fasnacht/Ski-ferier	and Easter.	
Classes will be held at the: I	Kindermusik Studio - I	Leimgrubenw	eg 9 – at Dreispitz - 4053 Basel
FEES: Home Materials (non-refu	undable) Fr. 75 and Tuit	ion Fr. 450 for	the 15-week semester: Fr. 525
Please pay all fees within	30 days of receipt of in	voice.	
Late enrollments are postrate of Fr. 30 per week. He The educator will be Susi	lome Materials, once re		and will be pro-rated at the tuition on-refundable.
I wish to register my child for tuition and home mate		jine That! clas	sses and agree to pay Fr. 525
DateF	Parent's Signature		
*	in dermusik magin	e Th	at!

kindermusikbasel@gmail.com Kindermusik® Höhenweg 63 4102 Binningen 061 321-5636