



WINTER/SPRING 2025 REGISTRATION

Child's **FULL** (first and last) Name _____ Date of Birth(D/M/Y) _____

Parents' Full Names _____

Address _____

Post Code, City _____

Phone(s) _____

e-mail _____

Kindermusik Our Time (18 months to pre-Kindergarten) Please indicate first and second preferences.

Monday _____ **9:30-10:15**

Educator: Susie Atkinson

Friday _____ **9:30-10:15**

Elizabeth-Claire Bazin

Friday _____ **10:30-11:15**

Elizabeth-Claire Bazin

Monday classes will be held on: **January 27** **February 3 10 17 24** **March 17 24 31**
April 7 28 **May 5 12 19 26** **June 2(Graduation)**

Friday classes will be held on: **January 31** **February 7 14 21 28** **March 21 28**
April 4 11 **May 2 9 16 23** **June 6 13 (Graduation)**

There will be breaks for Basel Fasnacht/Ski-ferien and Easter.

Classes will be held at the: Kindermusik Studio - Leimgrubenweg 9 – at Dreispitz - 4053 Basel

FEES: Tuition (including digital materials) for the 15-week semester (Fr 30 per week): **Fr. 450**

Please pay all fees within 30 days of receipt of invoice.

Late enrollments are possible *only if a class space is available later in the semester* and will be pro-rated at **Fr. 30** per week. The educators will be Susie Atkinson (Mondays) and Elizabeth-Claire Bazin (Fridays).

I wish to register my child for **Kindermusik Our Time** classes and agree to pay **Fr. 450** for tuition and digital materials.

Date _____ Parent's Signature _____

