

Child's FULL (first and last) Name		Date of Birth(D/M/Y)	
Parents' Full Names			
Address			
Post Code, City			
Home Phone	Cell Phone(s)		
e-mail			
Kindermusik Our Time (18 months to pre-	-Kindergarten)	Please indicate firs	t and second preferences.
Monday9:30-10:15 Educator: Susie Atkinson	Friday_ Elizabeth-(9:30-10:15 Claire Bazin	Friday10:30-11:15 Elizabeth-Claire Bazin
Monday classes will be held on: Januar April 8 15 22 29	•	•	
Friday classes will be held on: Febr April 12 19 26		March 1 17 24 31	
There will be breaks for Basel Fasnac	:ht/Ski-ferien	and Easter.	
Classes will be held at the: Kindermus	ik Studio - L	.eimgrubenweg	9 – at Dreispitz - 4053 Basel
FEES: Tuition (including digital materials) for the	ne 15-week seme	ester (Fr 30 per week):	Fr. 450
Please pay all fees within 30 days of receipt of in	voice.		
Late enrollments are possible <i>only if a class spac</i> The educators will be Susie Atkinson (Mondays)			will be pro-rated at Fr. 30 per week.
I wish to register my child for Kindermusik <i>Our</i> 7	<i>Time</i> classes and	d agree to pay Fr. 45 0) for tuition and digital materials.
Date Parent's Signat	ure		
Please help us with our advertising and	marketing: Ho	ow did you learn ab	out our Kindermusik program?
	vinder	mu _{sil}	



Please POST or E-MAIL this form to: