



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 Village (babies to 18 months) Please indicate first and second preferences.

Monday _____ **10:30-11:30** **Thursday** _____ **10:00-11:00** **Friday** _____ **11:30-12:30**

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)*

Thursday classes will be held on: *January 30* *February 6 13 20 27* *March 20 27*
April 3 10 *May 8 15 22* *June 5 12 19(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 (with digital home materials included) for the 15-week semester: **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 educator will be Susie Atkinson.

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

Date _____ Parent's Signature _____

