

Child's <b>FULL</b> (first and last) Name				Date of Birth(D/M/Y)			
Parents' Full Nar	mes						
Address							
Post Code, City_							
Home Phone		Cell Ph					
e-mail							
Kindermusik	Village (babies to 18 m	onths) Please indic	cate first and se	cond prefere	ences.		
Monday	10:30-11:30	Thursday	10:00-11	:00	Friday	11:30-12:30	
	es will be held on: Ja April 8 15 22 29						
	sses will be held on: April 11 18 25					)	
Friday classes will be held on:  April 12 19 26		February 2 9 March 1 8 15 22 May 3 17 24 31 June 7 14(Graduation)				uation)	
There will be	breaks for Basel Fa	snacht/Ski-ferien a	and Easter.				
Classes will be	e held at the: Kinder	musik Studio - Le	eimgruben	weg 9 – a	ıt Dreispitz -	4053 Basel	
FEES: Tuition	n (with digital home mate	erials included) for the	15-week sem	nester (Fr 30	) per week): <b>Fr</b>	450	
Late enrollment	fees within 30 days of re ts are possible <i>only if a</i> vill be Susie Atkinson.		le later in the	semester a	nd will be pro-ra	ated at <b>Fr. 30</b> per week.	
I wish to registe	er my child for <b>Kinderm</b>	u <b>sik <i>Village</i> classes</b> a	and agree to p	oay <b>Fr 450</b>	for tuition and ı	materials.	
<b>.</b>	5						
Date	Parent's Siǫ	gnature					
Please help	us with our advertis	ing and marketing	: How did y	ou hear a	bout our Kin	dermusik program?	
		Kin Jermusik					

Please POST or E-MAIL this form to: