



FALL 2017 REGISTRATION

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

Mother's and Father's Full Names _____

Address _____

Post Code, City _____

Home Phone _____ Cell Phone(s) _____

e-mail _____

Kindermusik *Imagine That!* (English-speaking 3¼ - 5 year-olds)

Wednesdays: **9:30-10:15** _____ (Elizabeth) **15:00 - 15:45** _____ (Susan)

Classes will be held on: **August 30** **September 6 13 20 27** **October 18 25**
November 1 8 15 22 29 **December 6** **January 10 17 (Graduation)**

NO CLASSES: *Basel Herbstferien (October 1-15), and Christmas/New Year (December 9-January 7).*

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

FEES:

Home Materials (non-refundable) **Fr. 100** and Tuition **Fr. 375** for the 15-week semester: **Fr. 475**
.....returning *Imagine That!* children *with backpack*: **Fr. 465**

Please pay all fees by the second week of class. Tuition refunds may be requested due to a family move or illness necessitating withdrawal from class, and will be discussed on a case by case basis. Late enrollments are possible *only if a class space is available later in the semester* and will be pro-rated at the tuition rate of **Fr. 25** per week. Home Materials, once received, are non-refundable. We will be using the module "**See What I Saw!**"

The educators will be Elizabeth Bazin (morning) and Susan Pombo (afternoon).

I wish to register my child for **Kindermusik *Imagine That!*** classes and agree to pay **Fr. 475** (**Fr. 465** for returning students) for tuition and home materials.

Date _____ Parent's Signature _____



Please E-MAIL this form to: kidsmusic.ch@hotmail.com

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