



FALL 2019 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 for the Young Child 1 (English-speaking 4½ - 6 year-olds)

Thursdays: 16:15-17:15 _____
(Susie Atkinson)

Saturdays: 9:00-10:00 _____
(Elizabeth Bazin)

Thursday classes will be held on:

September 5 12 19 26 October 17 24 31
November 7 14 21 28 December 5 January 9 16 23 (Graduation)

Saturday classes will be held on:

August 31 September 7 14 21 28 October 19 26
November 2 9 16 23 30 December 7 January 11 18 (Graduation)

NO CLASSES: *There will be breaks for Basel Herbstferien, Christmas/New Years, and all public school holidays.*

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**

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. Home Materials, once received, are non-refundable. The educators will be Susie Atkinson (Thursdays) and Elizabeth Bazin (Saturdays).

I wish to register my child for **Young Child 1** classes and agree to pay **Fr. 475**

Date _____ Parent's Signature _____



Please **POST** or **E-MAIL** this form to the address below:

Kindermusik® Höhenweg 63 4102 Binningen kidsmusic.ch@hotmail.com 061 321-5636

www.kidsmusic.ch