

Kindermusik with Crystal
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www.kindermusikwithcrystal.com

Crystal Mann
 Licensed Kindermusik Educator
 (902) 752-1183

Office Use Only:

KINDERMUSIK REGISTRATION WINTER 2012

Parent's Name(s) (or Caregiver's name if participating in class) _____

Address _____

Town _____ Postal Code _____

Mailing Address (if different) _____

Home Phone _____ Work/Emergency/cell _____

E-mail Address (if checked regularly) _____

Step 1: Indicate your preferred class days and times on the Schedule below by number and child's initials (ie. 1/JP = first choice, 2/JP = second choice (if applicable)).

CURRICULUM	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
OUR TIME (1½-3 yrs) "Away We Go" \$230 Per child/15-week semester			___/___ 5:30 pm	___/___ 10:00 am ___/___ 6:15 pm	
IMAGINE THAT (3-5 yrs) "Toys I Make – Trips I Take" \$245 per child/15-week semester		___/___ 10:00 am		___/___ 5:15 pm	
YOUNG CHILD (5-7 yrs) "Session One, Three or Four" \$300 Per child/15-week semester		___/___ 6:15 pm Session Three	___/___ 3:30 pm Session Four	___/___ 4:00 pm Session One	
FAMILY TIME (0-7 yrs) "Our Kind of Day" \$200 (+\$60 add. Child) per 10-week semester					___/___ 10:00 am
CRYSTAL CLEAR MUSIC Voice, Ukelele, Tin Whistle \$25 per hour \$20 per ¾ hour \$15 per half hour	___/___ 3:00 pm ___/___ 3:30 pm ___/___ 4:00 pm ___/___ 4:30 pm ___/___ 6:30 pm	___/___ 3:00 pm ___/___ 3:30 pm ___/___ 4:15 pm ___/___ 7:30 pm	___/___ 3:00 pm ___/___ 6:30 pm	___/___ 3:00 pm ___/___ 3:30 pm	

NB: Although class times and teacher assignments may be subject to change, we make every effort to accommodate your requests.

Classes start week of January 30th

Prices include registration fee, tuition and required At-Home Materials

Step 2: Complete the information below

CURRICULUM	CHILD/CHILDREN'S NAMES	BIRTHDATES (MM/DD/YY)	FEE (Multiply by number of children)	Home Kit Discounts* (see note below)	SUBTOTALS
Our Time			230.00 x _____		
Imagine That			245.00 x _____		
Young Child			300.00 x _____		
Family Time			\$200.00 x _____ \$60.00 x _____		
Crystal Clear Music			\$25/hr-\$15/½hr		
FEES:					
DISCOUNTS (\$10 Off each child for returning families and \$10 Off each child if more than one child):					
FAMILY TOTAL:					

* Home Kit Discounts are for students who already have a home kit, or, have a sibling in the same program (and only need one home kit), or, are returning Imagine That/Young Child students who already have a Back Pack/Bag/Instrument. Please call our office for these discounts.

Step 3: Choose your payment plan and preferred method of payment.

<p>PAYMENT PLANS:</p> <p><input type="checkbox"/> Full fee enclosed</p> <p><input type="checkbox"/> Two-Installment Plan</p> <p>FAMILY TOTAL: \$ _____</p> <p>Payment 1: DEPOSIT</p> <p>\$100 x _____ children - \$ _____</p> <p>Payable today</p> <p>Payment 2: BALANCE \$ _____</p> <p>Dated Mar 1/12:</p> <p><input type="checkbox"/> Three-Installment Plan</p> <p>FAMILY TOTAL: \$ _____</p> <p>Payment 1: DEPOSIT - \$ _____</p> <p>\$100 x _____ children</p> <p>Payable today</p> <p>BALANCE: \$ _____</p> <p>Payment 2: BALANCE ÷ 2 \$ _____</p> <p>Dated Mar 1/12</p> <p>Payment 3: BALANCE ÷ 2 \$ _____</p> <p>Dated Apr 1/12</p>	<p>PAYMENT POLICIES:</p> <ol style="list-style-type: none">1. All fees must be enclosed (including post-dated cheques) for this registration to be processed.2. Cheques or money orders should be made payable to Crystal Mann.3. If a student withdraws from the program before lessons start, a non-refundable administration fee of \$35 will be withheld.4. Once opened, the cost for At-Home Materials is non-refundable.5. Once the semester has begun, the full deposit is non-refundable. Remaining lesson fees will be refunded on a pro-rated basis up to the fourth week, after which there will be no refund.6. Classes cancelled by the teacher due to insufficient enrolment will be fully refunded.7. There is a \$25.00 service fee for cheques returned NSF. If a cheque is returned, the missed payment and the service fee must be paid in cash or by money order.8. Other payment plans available upon request.
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Do you consent for me to use photos of you and/or your child in Kindermusik class in my promotional material (scrapbook, brochure, news releases, or website)? Yes or No

Medical or learning conditions that the Teacher should be aware of: (ie. Asthma, ADHD, etc)

Additional information about you or your child that will help me best meet your needs:

What would you like to see your child get out of the program:

Name and ages of siblings: _____

Previous Kindermusik Programs: _____

I enrol my child(ren) in "Kindermusik with Crystal" and confirm the consents given above. I have received a copy of the program policies.

Signature _____ Date: _____