


Kindermusik® with Karolee

613 6th Ave East, Jerome, ID 83338
 (208) 324-9708 p (208) 749-1011 c
 www.KMwithKarolee.com

Registration Form

Child's Name:	Name child prefers to be called:
Child's Birth date:	Child's age:
Parent's Name:	Siblings and pets at home:
Address: City, State, Zip:	Email address:
Home Phone:	Work Phone/Cell Phone:
Emergency Contact Name and Number:	
Are there any special circumstances about which I should be aware?	

Class Preference (Please check)

<input type="checkbox"/> Creatures in My Backyard Adventures Camp (18 months - 3 ½ years) Tuesdays & Thursdays @ 9:30 am	Classes start July 19, 2011 and run for 5 classes of FUN, ending on Aug 2! Classes are held Tues/Thurs/Tues/Thurs/Tues.
 <p>Home Materials are required and FUN! 😊</p>	<p>Required Home Materials \$30 Tuition-5 classes \$45 Total Due with registration: \$75</p> <p>Please make checks payable to Karolee Gregory and mail with this completed form (2 pages) to the address above.</p> <p>Thank you! I'm looking forward to singing with you!</p>
<p>All Classes are 45 minutes in length and intended for the child and a caregiver to be in attendance. 😊</p> <p>Class will be held at the Eighth Street Center in Buhl, Idaho</p>	<p>Refund policy: Any cancellations must be submitted in writing 2 weeks prior to the start date of class. At that time, a full refund of materials and tuition will be issued. Any withdrawals from class after that time will be subject to the following:</p> <p>Withdrawal through class #1--No materials or registration refund, 80% tuition refund.</p> <p>Withdrawal through class #2--No materials or registration refund, 70% tuition refund.</p> <p>Withdrawal after class #2--No refunds.</p> <p>Thanks for your understanding</p>



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We, the undersigned parents or guardian of _____ do hereby certify to Karolee Gregory that our child is in good health and is able physically to participate in the Kindermusik program. We do give said child permission to participate in Kindermusik. We recognize that children are occasionally hurt while engaged in play as well as during activities of this type. We therefore specifically authorize Karolee Gregory to take our child to the doctor or emergency room of the hospital in the event it should be necessary, and agree to pay any and all medical charges which may be incurred. We assume all risks applicable to our child's participation in this activity. We hereby waive any and all claims against Karolee Gregory, Kindermusik with Karolee, Joyful Sounds Music Studio, LLC, the owners of the building, the organizers, sponsors or any of the supervisors appointed by the above if involved in this activity. We have read and agree to the Policies of Participation regarding tuition payment and understand everything we have read in this policy.

Signed: _____ Date: _____

Name of parent: _____