

Early Childhood Music Ministry

Registration Form

Fall Semester 2011

Student Name(s) \_\_\_\_\_

Age(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Method of Contact: (please check one)

Home \_\_\_ Cell \_\_\_ Work \_\_\_ Email \_\_\_ Texting \_\_\_

Course Name Day Time Fee

\_\_\_\_\_ (\$25.00 Due at Registration)

Please make checks payable to: First United Methodist Church

Children are the responsibility of parents at all times. Refunds or credits cannot be given for classes missed by the student. No refund will be issued for students withdrawing after the second week of class.

I hereby authorize the use of photographs, videos or/or sound recordings without limitation at the discretion of First United Methodist Church for advertising purposes and web content. I understand and accept the conditions of registration.

Custodial Parent: \_\_\_\_\_ Date: \_\_\_\_\_