

# Spring 2010 *Kindermusik*® Registration Form

Kindermusik® at Piano Central Studios 864-232-5010 www.PianoCentralStudios.com

## Name and Class Choice

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_  
FIRST NAME LAST NAME

Enroll us in:  Village  Our Time  Imagine That!  Young Child  Sign & Sing

\_\_\_\_ First time in Imagine That! Check here to get a FREE backpack.

\_\_\_\_  Pleasantburg location  Woodruff location  
DAY TIME

ENROLL a Sibling in:  Village  Our Time  Imagine That!  Young Child  Sign & Sing

\_\_\_\_ First time in Imagine That! Check here to get a FREE backpack.

Sibling's name \_\_\_\_\_ Date of birth \_\_\_\_\_  
FIRST NAME LAST NAME

\_\_\_\_  Pleasantburg location  Woodruff location  
DAY TIME

If you need to change your class day and time for the Spring semester, you will have an opportunity to do so. Otherwise, we'll keep you enrolled in the same class for the Fall and Spring. You may also cancel your reservation for Spring by January 10 without any further obligation.

## Contact Information

Parent Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(street or P.O. Box) (city) (zip code)

E-Mail \_\_\_\_\_  New to program  Previously Enrolled  Update my Info

Home Phone \_\_\_\_\_ Work or Cell Phone \_\_\_\_\_

How did you hear about us?  Print ad  Demo  Google  Signs  Referred by \_\_\_\_\_

## Payment Preferences – First payment due with registration

\_\_\_\_ Pay in full by check OR \_\_\_\_ Pay in full with credit card

\_\_\_\_ Pay by the month with credit or debit card (monthly installment charged at registration, then on the 15<sup>th</sup> of the month, January - April)

\_\_\_\_ Visa \_\_\_\_ MasterCard \_\_\_\_ Discover Card # \_\_\_\_\_

Exp. \_\_\_\_\_ Cardholder's name \_\_\_\_\_

**Save \$25** if you are enrolling siblings in the same class or if you have either semester's materials from a previous enrollment.

Name of materials? \_\_\_\_\_

**With this enrollment, I release any and all rights and claims for damages against Piano Central and its Staff in the unlikely event of injury sustained by myself or my child(ren) during the course of or as a result of this musical activity.**

You have my permission to send me class-related emails.  You have my permission to use photographs or video of my child from class.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Complete your registration by...

**Mailing** it to: PCS, PO Box 31047, Greenville, SC, 29608 \* **Calling us** at 864-232-5010  
**Going online** at www.PianoCentralStudios.com