

Kidd's Musik Registration Form

www.kiddsmusik.com

Class Choice:

___ Cycle of Seasons, Ages 3-5 – Fridays at 9am

___ Family Music, Ages @1-4 – Fridays at 10am

Parent/Guardian's Name: _____

Parent/Guardian's Address:

Parent/Guardian's Email: _____

Parent/Guardian's Phone Number: _____ (cell/home/work)

Secondary Phone Number: _____ (cell/home/work)

Alternative Contact: _____

Alternative Contact's Phone Number: _____

Child's Full Name: _____

Child's Current Age: _____

Child's Date of Birth: _____

Please list any allergies or medical concerns below:

Please return completed registration form, along with the \$35.00
non-refundable registration fee made out to "Nancy Kidd," to:

Nancy Kidd
7Aronson Way
Middleborough, MA 02346

Please feel free to contact me with any questions or concerns at:

kiddsmusik@gmail.com
You may also call (978) 345-8387.