

Sugar Beat Music for Children Fall 2013 Registration Form

Please print and complete this form, and mail it to the following address **on or before September 7th**. After this date, call to inquire about availability first. Registrations must be received with a **currently dated cheque** for each course or child in order to be considered complete. **Please make all cheques payable to Faria MacDonald.**

607 Durie St.
Toronto, Ontario
M6S 3H2

Name of Child _____

Date of Birth (day/month/year) _____

Sex (M/F) _____

Class Name _____

If Registering for Piano Orff Experience: Fall Term only ___ Fall & Winter Terms ___

Location _____

Day and Time of Class _____

** Consult schedule for the date and times available for your child's age group before filling in this section.*

Child's Primary Home Address _____

Postal Code _____ Home Phone # _____

First Parent's Name _____

Alternate/Work Phone # _____

Second Parent's Name _____

Alternate/Work Phone # _____

Name of Person Bringing the Child to Class _____

Relationship to Child _____ Phone # _____

Email Address _____ *

** Required for confirmation of receipt.*

Have you attended Sugar Beat classes in the past? YES / NO

How did you find out about our classes? (Thank you.)

___ Word of Mouth ___ Outdoor Sign ___ Brochure ___ Diaper Eez ___ HumberSide Montessori School

___ Help!...We've Got Kids ___ The Little Paper ___ Other _____

I have read the registration information and policies of Sugar Beat Music for Children and agree to the terms therein.

Signature _____ Date _____