STUDENT: ____________________________________________________________ PLEASE PRINT

BIRTHDATE (18 and under) ______________________ CURRENT AGE: ____________________________

PARENT(S): __________________________________________________________ PLEASE PRINT

ADDRESS: ____________________________________________________________________________

CITY, STATE, ZIP: ______________________________________________________________________

TELEPHONE: ____________________________________________________ (HOME) (WORK) (CELL)

EMAIL: ________________________________________________________________________________

INSTRUCTOR: Debbie Garren

CLASS:

☐ Our Time (18 months – 3 years) Mondays 4:45 - 5:30 p.m.
☐ Imagine That (3 – 5 years) Mondays 5:45 – 6:30 p.m.
☐ Young Child I (5 – 7 years) Mondays 6:45 – 7:30 p.m.

15 sessions: ...........................................$275.00 with certified Kindermusik instructor

Payment schedule: Payment may be made in full, at first lesson with completed registration form; or in two partial payments due before first and seventh lessons.

• Payment is to be made by check or money order (no cash) to University of Mount Union Preparatory Division.

• Payments should be mailed along with registration forms to:
  University of Mount Union
  Preparatory Division
  1972 Clark Avenue
  Alliance, Ohio 44601

• No refunds are given in the Preparatory Division

☐ (X) I have signed the release form, waiving Mount Union of any personal liability.

_________________________ (signature) ___________________________ (date)