

SPRING 2009

FAMILY REGISTRATION

Please take the time to read and fill out information correctly to avoid delays in the processing of your registration. Return full page to register.

CHILD'S

First & Last Name

Birthdate

1st Choice day and time

Location

2nd Choice day and time

I am bringing a "Free Rider" Infant Sibling under 9 months: YES NO

"Free Rider" Baby name & birthdate

Street Address

City, State, & Zip

Phone ()

Name of adult attending class

While this adult is in class, our emergency contact's name and phone/beeper number is

SIBLING'S

First & Last Name

Birthdate

1st Choice day and time

Location

2nd Choice day and time

PARENT

First & Last Name

*****PLEASE NOTE*****

YOU WILL NOT BE CONTACTED UNTIL YOUR REQUESTED CLASS MEETS THE MINIMUM ENROLLMENT. ONLY THEN WILL YOUR CLASS BE CONFIRMED BY PHONE OR E-MAIL.

E-Mail Address

Marketing Survey

How did you hear about us?

Fee Schedule

9-week tuition: 1 child only, all classes \$175

9-week tuition: Each additional sibling attending **same or different** class, age 9 months or older by 04/04/09 \$110

ALL NEW FAMILIES TO MUSIC TOGETHER OF UNION COUNTY: PLEASE INCLUDE A ONE-TIME NEW FAMILY FEE \$ 25

TOTAL \$

Please make checks payable to **MUSIC TOGETHER OF UNION COUNTY**

Credit cards are accepted via PayPal for online registrations only.

My check number is



Mail to: Music Together of Union County, P.O. Box 158, Berlin, NJ 08009

Judy Wilson, Center Director

Phone & Voicemail (908) 822-9400

www.playawaystudio.com