

# Sugar Beat Music for Children Fall 2010 Registration Form

Please print and complete this form, and mail it to the following address **on or before September 4<sup>th</sup>**. 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 \_\_\_\_\_ \*

Possible Alternative(s) \_\_\_\_\_ \*

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

\* For **First Steps in Music**, please indicate all possible times under Possible Alternatives.

Child's Primary Home Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Home Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_

Alternate/Work Phone # \_\_\_\_\_

Father'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 \_\_\_ Today's Parent \_\_\_ Internet  
\_\_\_ 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 \_\_\_\_\_