

Sugar Beat Music for Children Winter 2012 Registration Form

Please print and complete this form, and mail it to the following address **on or before January 9th**. 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) _____

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

Class Name _____

Location _____

Time of Class _____

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 _____