

# MUSIC TOGETHER®

Offered by Music Matters

## Mail-In Registration

Parent/Guardian Name(s) \_\_\_\_\_

Address: \_\_\_\_\_

Hm. Phone \_\_\_\_\_

\_\_\_\_\_

Cell Phone \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Email \_\_\_\_\_

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We would like to register for the following class. Listed below are our 1<sup>st</sup> & 2<sup>nd</sup> choices:

1<sup>st</sup> Choice: Class Day \_\_\_\_\_ Class Time \_\_\_\_\_ Teacher \_\_\_\_\_

2<sup>nd</sup> Choice: Class Day \_\_\_\_\_ Class Time \_\_\_\_\_ Teacher \_\_\_\_\_

List the full name & birthdates of all participating children:

1) \_\_\_\_\_ dob \_\_\_\_\_

2) \_\_\_\_\_ dob \_\_\_\_\_

3) \_\_\_\_\_ dob \_\_\_\_\_

### Class Tuition:

\$160/ten week session

\$85/1<sup>st</sup> siblings 9 months or older, \$70/2<sup>nd</sup> sibling 9 months or older

(siblings under 9 months are free)

Registration Fee \$15 (\$5 for returning families)

\_\_\_\_\_ \$160 = **Tuition**

\_\_\_\_\_ = **Siblings** ( \_\_\_ \$85 1<sup>st</sup> sibling, \_\_\_ \$70 2<sup>nd</sup> sibling)

\_\_\_\_\_ = **Registration Fee** (\$15 new family, \$5 returning family)

\_\_\_\_\_ = **TOTAL**

Make checks payable to **Music Matters**, and mail to:

Music Matters

c/o The Center for Wholeness

3408 Indianola Avenue

Columbus, Ohio 43214