

**Sibling Discounts Available for more than one child enrolled.**

**Classtimes are subject to change or cancellation due to enrollment size.**

**Please make check payable to:**

**Laura Beckman**

**709 N. Sunset Dr Olathe KS 66061**

**Parent Name(s) \_\_\_\_\_**

**Caregiver's Name(if participating in class) \_\_\_\_\_**

**Full Mailing Address**

\_\_\_\_\_

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

**Wk. or Cell \_\_\_\_\_**

**E-mail Address \_\_\_\_\_**

**Child's Name \_\_\_\_\_**

**Date of Birth \_\_\_\_\_ Age \_\_\_\_\_**

**Child's Name \_\_\_\_\_**

**Date of Birth \_\_\_\_\_ Age \_\_\_\_\_**

**Child's Name \_\_\_\_\_**

**Date of Birth \_\_\_\_\_ Age \_\_\_\_\_**

**Please Circle 1st Class Choice:**

**Family Time Wednesday 6PM**

**Family Time Saturday 9:30AM**

**Please include any additional information about you or your child that will help me best meet your needs**

\_\_\_\_\_

\_\_\_\_\_ I have read and understand all Kindermusik policies  
Initials (including cancellation policy)

I'm so glad you chose Kindermusik for your child!  
Your enrollment will be confirmed with a welcome letter and/or an e-mail  
within two weeks.