

**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 \_\_\_\_\_**

**Please Circle 1st Class Choice:**

**Imagine That! Monday 6:30 PM**

**Imagine That! Tuesday 7PM**

**First names and ages of siblings**

\_\_\_\_\_

**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.**