

KINDERMUSIK TRIAL REGISTRATION FORM  
(Please Fax Form to 62353206)



**PARENT'S INFORMATION**

Parent's Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ (H) \_\_\_\_\_ (HP) \_\_\_\_\_ (O)

**CHILD'S INFORMATION**

| Child's Name | Date of Birth (dd / mm / yy) |
|--------------|------------------------------|
| 1)           |                              |
| 2)           |                              |
| 3)           |                              |

**CURRICULUM ENQUIRY** (Please tick)

| Village<br>(Newborn to 18 mths) | Our Time<br>(18 mths to 3 yrs) | Imagine That<br>(3 to 5 yrs) | Young Child<br>(5 to 7 yrs) |
|---------------------------------|--------------------------------|------------------------------|-----------------------------|
|                                 |                                |                              |                             |

**PREFERRED TIME** (Please tick)

| Weekdays:<br>AM / PM / Evening | Saturday<br>AM / PM / Evening | Sunday<br>AM / PM / Evening |
|--------------------------------|-------------------------------|-----------------------------|
|                                |                               |                             |

**I HEARD ABOUT KINDERMUSIK FROM** (Please tick where appropriate):

| Friends                        | Website | Advertisement | Direct Mail | Pre-schools |
|--------------------------------|---------|---------------|-------------|-------------|
| Others (please specify): _____ |         |               |             |             |

**REGISTRATION AND PAYMENT DETAILS**

I would like to sign up my child for a trial Session:

Day (Please specify): \_\_\_\_\_ Time (Please specify): \_\_\_\_\_

Trial bookings can only be confirmed upon receipt of payment at least 24 hrs in advance. Payment can be made via Visa or MasterCard. Please charge (S\$30.00 incl of 7% GST per child) to my card:

Name as in Card: \_\_\_\_\_ Visa  Master

Credit Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

\*Payment will be forfeited if you do not turn up for the trial session.

\_\_\_\_\_  
Card Holder's Signature

\_\_\_\_\_  
Date