

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 <i>(Newborn to 18 mths)</i>	Our Time <i>(18 mths to 3 yrs)</i>	Imagine That <i>(3 to 5 yrs)</i>	Young Child <i>(5 to 7 yrs)</i>

PREFERRED TIME *(Please tick)*

Weekdays: AM / PM / Evening	Saturday AM / PM / Evening	Sunday 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