



Little Beats Wednesday, 5:30- 6:00

STUDENT # 1 NAME: _____ DOB: _____ AGE AS OF SPRING 2020: _____

STUDENT # 2 NAME: _____ DOB: _____ AGE AS OF SPRING 2020: _____

PARENT NAME: _____

FIRST NAMES & AGES OF SIBLINGS: _____

COMPLETE ADDRESS: _____

HOME PHONE: _____ PARENT'S CELL: _____

E-MAIL: _____

How did you first hear about Klassical Kidz? _____

- I have read the Klassical Kidz Music Studio Handbook and agree to follow the program as outlined.
- I understand that I am securing my child's spot in Little Beats, Pre-lesson music class at KK for the Spring Semester by returning this form and I agree, with my child/ren, to make a commitment to the Spring 2020 Semester at Klassical Kidz Music Studio.
- I am including the tuition for February at \$15 a class
- I understand that the studio is unable to offer credit or refunds for more than one missed class during the Spring Semester
- Klassical Kidz is deeply committed to providing an emotionally and physically safe environment, and every reasonable precaution will be taken to ensure the well-being of the children, therefore I will not hold Klassical Kidz owners, Adrienne Hartzler or Lydia Bassett, any member of its staff or volunteers, or any person connected with the location, legally liable for my child's safety.
- I release and understand that any photos and video clips the Studio takes during any Klassical Kidz Studio Program or Camp become Studio property and may be used in print, online, media advertising or other at any time.

Signed: _____ **DATE:** _____