

# 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>
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## PREFERRED TIME *(Please tick)*

Weekdays: AM / PM / Evening	Saturday AM / PM / Evening	Sunday AM / PM / Evening
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## 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\$25.50 incl of 7% GST per child) to my card:

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

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

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

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

\_\_\_\_\_  
Date