

KINDERMUSIK REGISTRATION FORM

INFORMATION OF CHILD REGISTERED

Full Name of Child Registered <i>(Please Underline Family Name)</i>	Date of Birth <i>(dd / mm / yy)</i>	Nationality	Gender <i>(please tick)</i>
			<input type="checkbox"/> Male <input type="checkbox"/> Female

Any Special Needs? : _____

PARENT'S INFORMATION

Parent's Name:	Family Name :		
Address:			
	Postal Code:		
Email:			
Tel:	(Mobile)	(H)	(O)

INFORMATION OF OTHER CHILDREN (If Any)

Child's Name <i>(Please Underline Family Name)</i>	Date of Birth <i>(dd / mm / yy)</i>	Gender <i>(please tick)</i>		Attended Kindermusik?
		<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Friends / Relative	Website	Advertisement: <input type="checkbox"/> Expat Living/Finders <input type="checkbox"/> Newspaper	Direct Mail	Pre-schools
Others (please specify):				

PAYMENT INFORMATION

Start Date : _____ Day : _____ Time : _____ Educator : _____ Program : _____ Theme : _____	Credit Card No: _____ Name as In Credit Card : _____ Expiry Date : _____
Registration Fee : _____ Tuition Fee : _____ No. of lesson : _____ Materials Fee : _____ 7% GST : _____ Total Paid : _____ Receipt No : _____	Master / Visa (Please circle) Please charge S\$ _____ to my credit card. _____ Signature of card holder