

Young Child Class Registration

For private lesson registration, please contact studio.

Child's Name: _____

Age: _____ Birthday: _____

Parent's Name: _____

Parent's Email _____

Address: _____

City, Zip: _____

1st Phone: (____) _____ H C W

2nd Phone: (____) _____ H C W

Class time and day: _____

How did you hear about us? _____

TUITION OPTIONS (please choose one)

Monthly credit card charge

Registration fee: \$ 25

First month's tuition: \$ _____

Total Initial Payment: \$ _____

Recurring Monthly Tuition \$ _____

Name on card: _____

Address (if different from above) _____

Card #: _____ Exp. _____

I hereby authorize the above initial and recurring charges, until revoked:

Signature: _____

(To stop monthly charges, please inform studio 2 wks. prior)

Check or cash session payment

Registration fee: \$ 25

Session Tuition: \$ _____

Total Payment: \$ _____

Please make checks payable to Musical Beginnings

Please mail registration to:

Musical Beginnings

6607 W. 80th St., Los Angeles, 90045