

----- Music Connections with Debbie Mondale -----

This form is essential documentation for each child each semester. Please complete, and bring to 1st day of class.

Individual Child Registration

DOB _____ Name of Child _____

Date Completed _____ Program : __ Village __ Our Time __ Imagine That __ Family Time Unit: _____

Name of Parent(s) _____

Best phone # to reach parent : _____

Adult Partner (if different) _____

please leave blank

Relationship _____ Phone _____

Email _____

for a picture from class

Shall emails be sent to this person as well? Yes / No

Please list anything about this child that I should know?

Health Concerns /Disabilities /Food Allergies / Things I shouldn't do ?

What are this child's major interests right now?

What are the most important reasons this child is involved in Kindermusik this year? What are your desired outcomes?

The following is space for Ms. Debbie to make notes about this unique child, which will be shared with family throughout the semester.

Thank you for participating !!! You are making an excellent choice for your child.

If at any point you don't feel that is true – TALK TO ME !!!