

Duneland Kindermusik

Registration Form

Child's Name _____

Date of Birth _____ Sex M ___ F ___

Parents' Names _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address _____ E-mail _____

City _____ State _____ Zip Code _____

Preschool/School (if enrolled) & Grade _____

Names of other siblings and date of birth:

Name _____ DOB _____ Age ___ Sex M ___ F ___

Name _____ DOB _____ Age ___ Sex M ___ F ___

Name _____ DOB _____ Age ___ Sex M ___ F ___

Does he/she have any allergies? (Including food) _____

Does he/she have a medical problem or any special needs? No ___ Yes ___

(If yes, please contact me at 219-712-3701 prior to the start of class.)

If attending with Grandparent/caregiver:

Grandparent/caregiver name _____

Home Phone _____ Cell Phone _____

I first learned about this program from _____

DUNELAND KINDERMUSIK 2019 SPRING SEMESTER

Classes begin Friday, February 1st, 2019

Classes meet at the Chesterton Montessori School
270 E. Burdick Rd.

CLASSES	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Village (newborn– 24 mo)	3:00 – 4:00 PM				
Our Time (18 mo – 3 ½ yrs)		9:15 – 10:20 AM			9:00 – 10:05 AM
Imagine That (3–5 yrs)	1:00 – 2:00 PM				
Young Child I (5 – 7 yrs)	TBA				
Young Child IV (5 – 7 yrs)			3:15 – 4:15 PM		
Family Time (0 – 7 yrs)				5:00-6:05	

Please indicate 1st and 2nd preference: 1st _____ 2nd _____
(if available)

Classes	Tuition per semester	Materials/supplies Registration	Total
Village (13 wks)	\$226.00/\$56.50 per month	\$95.00(2 sets of materials)	\$321.00
Our Time (13 wks)	\$226.00/\$56.50 per month	\$79.00	\$305.00
Sibling Materials		\$59.00.	\$311.00
Imagine That (13 wks)			
New Student w/pack	\$226.00/\$56.50 per month	\$85.00	\$305.00
No backpack	\$226.00/\$56.50 per month	\$79.00	\$313.00
Young Child I (14 wks)	\$238.00/\$59.50 per month	\$97.00	\$335.00
Young Child III (14wks)	\$238.00/\$59.50 per month	\$97.00	\$305.00
Young Child IV (14wks)	\$238.00/\$59.50 per month	\$97.00	\$335.00
Family Time (13 wks)			
1 child	\$226.00/\$56.50 per month	\$79.00	\$305.00
Additional Child (7mo+)	\$90.00/\$22.50 per month		\$395.00

In registering my child for (name of class) _____, I agree to pay the total amount of \$_____ for the semester.
Enclosed is \$_____ for materials/registration to hold my space in the class. I understand that \$10.00 of the registration fee is non-refundable. I prefer to pay the balance (please check one):

_____ Pay in full the first day of class.
_____ Pay in four monthly installments due the first class of each month.

Date _____ Parent's Signature _____

If paying by check, make checks payable to:

DUNELAND KINDERMUSIK
1160 Dune Meadows Dr., Porter, IN 46304
219-712-3701
Register on-line:
www.kindermusik.com
dunelandkindermusik.com