

CLASS ENROLLMENT FORM



Child's Name: _____

Child's Birth Date: _____

Parent/Guardian: _____

Address: _____

City: _____ Zip: _____

Cell Phone: _____

Home Phone: _____

E-mail: _____

Parent or Guardian Signature: _____

Print Name: _____

*** Class Time Preference ***

Monday: 10:30 - 11:00 _____

Thursday: 10:00 - 10:30 _____

5:30 - 6:00 PM _____

* Due to limited availability, please indicate class preference order

**Fall / Winter 2016-17 Session – November 7th to mid-March - (16 weeks, \$160.00)

** Make checks payable to: ERIN PRICE **

CLASS LOCATION: TESSI

705 W. Main Suite B1, Carbondale IL 62901

Contact:

Erin Price (*Trained KiddyKeys Educator*)

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