

MURIEL'S WORLD™

REGISTRATION FORM

2011 Fall session (13 weeks) -- September 15 - December 15
at Plymouth Church, 75 Hicks Street, Brooklyn Heights

Classes information

Muriel's Songs & Puppets (6 mo - 3 yrs)

45mn class - Thirteen week Fall session

New students: \$360.00 (includes material: 4 CDs with lyrics)

Returning students: \$325.00

\$195.00 for siblings above 6 months - free for siblings below 6 months

Trials & drop ins: \$25.00 (available as long as there is space to accommodate you)

Muriel's Songs & Play (2.5 - 4 yrs)

Muriel's Songs & Musical Games (3 - 5 yrs)

1 hour class - Thirteen week Fall session

New students: \$400.00 (includes material: 4 CDs with lyrics)

Returning students: \$365.00

Siblings: \$330.00

Trials & drop ins: \$28.00 (available as long as there is space to accommodate you)

Please check which class you would like your child to attend:

Thursday: and/or Friday: **9:30-10:15am: Muriel's Songs & Puppets (6 mo - 3 yrs)**

Thursday: and/or Friday: **11:00am-12:00pm: Muriel's Songs & Play (2.5 - 4 yrs)**

Thursday only: **12:30-1:15pm: Muriel's Songs & Puppets (6 mo - 3 yrs)**

Thursday only: **3:30-4:30pm: Muriel's Songs & Musical Games (3 - 5 yrs)**

Total tuition: \$ _____

Student's information

Child 1:

Full name: _____

Birthday: _____

Child 2:

Full name: _____

Birthday: _____

Does your child have any allergies? Yes _____ No _____

If yes, please list: _____

Has your child ever been exposed to the French language? Yes _____ No _____

If yes, please describe: _____

Has your child had musical/instrumental instruction? Yes _____ No _____

If yes, please describe: _____

Any other comments that would give us more insight on your child:

Parent's full Name: _____

Parent's phone: _____

Caregiver's name: _____

Caregiver's phone: _____

Emergency phone: _____

Email: _____

Mailing address: Street, City, State, Zip Code

Insurance Waiver

MURIEL'S WORLD™ -French songs for children, its employees, Muriel Vergnaud, and Plymouth Church in which classes are held are not legally responsible for any illness, accident or injury to you* or your child**. You are at all times responsible for the well-being of yourself and your child. You are responsible for monitoring your child and his/her health and behavior, with his/her safety and the safety and well-being of others in mind.

(* "You/your/yourself" applies to the child's parent, caregiver, and/or any adult who accompanies the child to class.) (** "Your child" applies to any child or children you bring to class.)

I have read and agree to the waiver outlined above

Parent's full name: _____

Parent's signature: _____

Date: _____

**Please make checks payable to Muriel Vergnaud
Print this form and send to P.O. Box 24561, Brooklyn NY 11202**