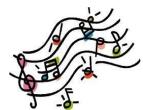


## Little Beats! Wednesdays 3:00 - 3:30 OR Thursdays, 6:30-7pm



	STUDENT # 1 NAME:	DOB:	AGE AS OF FALL 2024:
;	STUDENT # 2 NAME:	DOB:	AGE AS OF FALL 2024:
	PARENT NAME:		
	FIRST NAMES & AGES OF SIBLINGS:		
COMPLETE ADDRESS:			
	HOME PHONE: PARENT'S CELL:		
	E-MAIL:	STUDEN	T'S CELL:
I have read the Klassical Kidz Music Studio Handbook and agree to follow the program as outlined  I understand that I am securing my child's spot in Little Beats pre- lesson class at KK for the Fall Semester by returning this form and I agree, with my child/ren, to make a full commitment to the Fall Semester at Klassical Kidz Music Studio.  I am including the tuition for Oct at \$20 a class (5 Wednesday classes OR 4 Thursday classes, OFF Oct 31st)  I understand that the studio is unable to offer credit or refunds for more than one missed class during the Fall Semester Klassical Kidz is deeply committed to providing an emotionally and physically safe environment, and every reasonable precaution will be taken to ensure the well-being of the children, therefore I will not hold Klassical Kidz owners, Adrienne Hartzler or Lydia Bassett, any member of its staff or volunteers, or any person connected with the location, legally liable for my child's safety.			
I release and understand that any photos and video clips the Studio takes during any Klassical Kidz Studio Program or Camp become Studio property and may be used in print, online, media advertising or other at any time.			

\_\_\_\_\_ DATE: \_\_\_\_

Signed: \_\_\_\_