



REGISTRATION FORM

ACCOUNT NAME _____ ACCOUNT EMAIL* _____
 (FAMILY NAME) * Email is our primary means of communication with families.

STUDENT NAME: _____ DATE OF BIRTH: _____

SIBLING NAME: _____ DATE OF BIRTH: _____

SIBLING NAME: _____ DATE OF BIRTH: _____

PARENT(S) NAME: _____ STREET: _____

CITY, STATE, ZIP: _____ HOME #: _____ CEL: _____

TEXT OK? ____ YES ____ NO PICTURES OK? ____ YES ____ NO

PHOTO AND VIDEO RELEASE: My child and I are participants in the Music Together Program with Tiny Voices Little Songs, LLC. I hereby give permission to Tiny Voices Little Songs, LLC to take photographs and video recordings of my child, me, or both of us together, and use them in printed or video formats for advertising and educational purposes. The photographs and video recordings may be edited in your sole discretion, and I expressly release Tiny Voices Little Songs, your agents, employees, and assigns from all claims which I have or may have for invasion of privacy, defamation, or any other cause of action arising out of exhibition or distribution of any materials in which my child and/or I appear. By signing this document, I represent and warrant that I am the parent or guardian of the child whose name appears next to mine below, and that we shall both be bound by this agreement. Please sign below.

CHILD NAME(S)

PARENT'S SIGNATURE

CHILD NAMES

CLASS DAY/LOCATION/TIME:

1ST CHILD: _____

1ST CHOICE: _____

2ND CHOICE: _____

2ND CHILD: _____

1ST CHOICE: _____

2ND CHOICE: _____

3RD CHILD: _____

1ST CHOICE: _____

2ND CHOICE: _____

PAYMENT INFORMATION*

DATE: _____ CHECK#: _____ AMOUNT: _____

VISA/MC/AMEX CC#: _____

EXPIRATION: _____ CVV: _____

SIGNATURE: _____

PROCESSED: _____ APPLIED PAYMENT: _____

*Tuition is non-refundable after 1st day of class. Checks should be made payable to: Tiny Voices Music Together, LLC. (There is a \$25 fee for returned checks)