



Little Maestros Enrollment Form

Child's Name: _____ Date of Birth: _____

Parent's Name: _____

Caregiver (other than parent, who will bring child to class) _____

Address: _____

Phone: _____ E-mail _____

Please Specify the day and time of the class for which your child is being registered:

Day: _____ Time: _____

Instrument(s) played by parent(s) or siblings: _____

Enrollment is for one complete session.

Classes are limited to eight participants and their parent/caregiver.

Complete this Enrollment Form to register.

A registration fee of \$20.00 is due at the beginning of each session.

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