



P.O. Box 81003 | Lansing, MI 48908
 www.codamts.com | (517) 862-4675
 www.singplaygrowmusic.com

**Early Childhood Music & Movement Classes
 Registration Form: Spring 2012**

The Spring 2012 session is an 8-week session beginning April 19 and running through June 9. The cost is \$120 for the session.

Child's Name: _____ **Birthdate:** _____

Please select desired class option.* Enrollment forms must also be completed for new students.

INFANT/TODDLER CLASSES (Birth-3)

- ___ Thursday, 6:00-6:45pm
- ___ Saturday, 10-10:45am

PRESCHOOL CLASSES (3-5)

- ___ Thursday, 7:00-7:45pm
- ___ Saturday, 11-11:45am

___ Yes, I qualify for the Military Rate (20% off)

___ Yes, I have already registered another child for SPG Classes. Sibling Rate: 20% off

Name of sibling: _____

___ Yes, I have a discount coupon. (*May not* be combined with military or sibling rate.)

Coupon code: _____ Discount amount: _____

Indicate Payment Method: Cash ___ Check ___ PayPal Invoice ___

Make checks payable to: **CODA Music Therapy Services, LLC**

___ Paid in full

___ 50% down payment at registration, balance of \$_____ due **May 5, 2012.**

Registration Cost: \$ 120

Discount Amount: _____

Registration Total: _____

* CODA MTS, LLC reserves the right to cancel a class if there are not at least three students enrolled for that class. A full refund will be granted if students are unable to attend during one of the other classes.



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Providing Creative Opportunities for Developing Abilities

Early Childhood Music & Movement: Enrollment Form

Child's name: _____ Birthdate: _____

Parent/Guardians' name(s): _____

Address: _____

City: _____ Zip: _____

Phone: (____) _____ E-mail: _____

What kinds of music & movement experiences does your child receive at home? _____

Does your child have any special needs and/or allergies? _____

Is there anything else important for us to know about your child? _____

____ Yes, photos and/or video of my child participating in CODA MTS classes may be used in advertising (print and/or web-based) and/or professional presentations.

____ No, photos/video of my child may not be used by CODA MTS.

I agree to enroll my child in Sing Play Grow classes with CODA Music Therapy Services, LLC. I understand payment is due at the time of registration. I understand that a parent/guardian must attend classes with my child and I am responsible for the care of my child.

Parent/Guardian Signature: _____ Date: _____