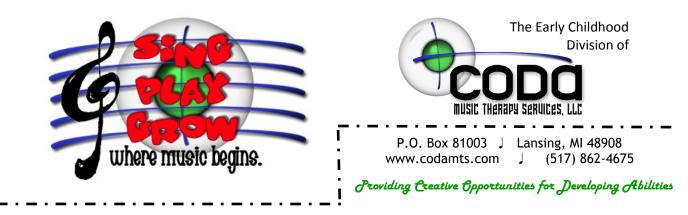


* CODA MTS, LLC reserves the right to cancel a class if there are not at least three students enrolled for that class. A full refund will be granted if students are unable to attend during one of the other classes.



Early Childhood Music & Movement: Enrollment Form

Child's name:	Birthdate:
Address:	
City:	
	il:
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 a	pout 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: ______ Date: ______