MUSIKGARTEN FALL / SPRING STUDENT REGISTRATION FORM

☐ New ☐ Continuing Term: ☐ Fall ☐ Spring

_____ _____ - _____ - _____
Student's Name Birth Date

_____ _____ _____
Mailing Address City Zip Code

(_____)_____ (_____)_____ _____
Home Phone Cell Phone E-mail Address

_____ _____
Guardian's Name Work Phone

_____ _____
Guardian's Name Work Phone

☐ **$255 FAMILY MUSIC TODDLERS** for ages 16 months - 3.6 years:
(Check time.)

☐ Thursday 9:00 - 9:45 a.m.

☐ **$265 CYCLE OF SEASONS** for ages 3 - 5 years:
(Check time.)

☐ Thursday 6:30 - 7:15 p.m.

Registration Deadlines: Fall Semester - August 15, 2010
Spring Semester - January 5, 2011

☐ Make checks payable to **CSMA**. Mail payment* and form to:
CSMA - University of Redlands
P.O. Box 3080
Redlands, CA. 92373-0999

☐ * Credit Card Payments: Credit card payments may be made by calling (909) 748-8844. Registration form must still be mailed to the address above.