

Foothills Music Together **SPRING 2011** Registration Form

Tuition Includes:

- TEN Weekly 45-minute classes: Fall, Winter, Spring (Summer - SIX weeks).
- A professionally-recorded set of CDs and songbook of the class activities: songs, rhythm chants, “play-along” music, and tonal and rhythm patterns. A different set of CDs / songbook each session.
- “Music Together at Home”: A Guide for Parents and Caregivers.
- Evaluation of your child’s music development to assist you in observing and understanding your child’s progress towards basic music competency. We will advise you on your child’s readiness for instrumental music instruction.
- Parent Education evenings: 90 minute class for parents/caregivers to discuss the Music Together® program, child development in music education and the next step in your child’s future in music.

Tuition

New Family 1st child tuition: \$210

Returning Family 1st child tuition: \$200

Sibling tuition (10 months +): \$150

3 Years & Older / Musician Attended Class 1st Child \$210; sibling \$160

- Mail-in or Register ONLINE at www.foothillsmusictogether.com
- Make checks payable to **Foothills Music Together** and mail to: **P.O. Box 1297 La Canada, CA 91012**
- Please note that your space will be held upon receipt of payment.
- **All fees are non-refundable on / after the start date of the session (April 4, 2011)**
- A \$25 fee will be charged for returned checks or cancellations prior to the start date of the session
- We reserve the right to cancel or change any class
- **Your registration will be confirmed by email or telephone. You will receive a confirmation at least one week before classes begin.**

Registration Questions? Call: 626-398-4159 ext. 2

Class 1st Choice:

Please check if new address or child

Mail-in Open Registration begins Tuesday, March 1st
(We recommend you register EARLY for the best possible class selection)
Online Open Registration begins Tuesday, March 15th

Child Name	Child Name	Child Name
Day/Time	Day/Time	Day/Time
Location	Location	Location
Teacher	Teacher	Teacher

Class 2nd Choice:

Child Name	Child Name	Child Name
Day/Time	Day/Time	Day/Time
Location	Location	Location
Teacher	Teacher	Teacher

Parent(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: () _____

Work Phone: () _____

Child: _____ Birth Date: _____

Child: _____ Birth Date: _____

Child: _____ Birth Date: _____