CLASS ENROLLMENT FORM

City: _____ Zip: _____

Home Phone: _____

E-mail: _____

Parent or Guardian Signature:

Address:

Cell Phone: _____

Print Name: __

		A 180 183
Child's Name:		
Child's Birth Da	te:	A Place where Music is the Language and Fun is the Way of Lifet
Parent/Guardia	n:	

*** Class Time Preference ***

Combo

Monday: 9:30 - 10:15 _____

Combo

Thursday: 9:00 - 9:45 _____

Fall / Winter 2016-17 Session - November 7 to mid-March (16 weeks)

CLASS COST: \$160.00 for the 16-week session; (\$10.00 per week for prorated sessions)

** Make checks payable to: Erin Price **

CLASS LOCATION: TESSI

705 W. Main Suite B1, Carbondale IL 62901

Contact:

Erin Price (Wiggles N' Tunes® Instructor)

Phone: 309-261-3580

E-mail: wiggles@tessimusic.org
Web site: www.tessimusic.org



-AG82 19

^{*} Due to limited availability, be sure to indicate class preference order