



Making Every Child a Star!

Fifteen week session - KiddyKeys Class Enrollment Form

Child's Name _____

Child's Birth Date _____ Male ___ Female ___

Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

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Class Location _____ Day and Time _____

Teacher Name _____

Please contact your teacher for class cost.

Check one of the following:

Returning Student: _____

New Student - Include Start-Up Kit: _____

Mail payments directly to your teacher. Contact them for their address or check the link on the web site.

No refunds will be given once classes have begun.

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Signature _____

Print Name _____