



# Semester Registration Form

(please complete one form per child)

Child's Name \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Street Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Class	Materials & Registration*	Tuition**	Total	Total Amount
<b>Family Music with Baby</b> Day/Time: _____	\$45	\$85	\$130	
<b>Family Music for Toddlers</b> Day/Time: _____	\$40	\$100	\$140	
<b>Cycle of the Seasons</b> Day/Time: _____	\$50	\$110	\$160	
<b>Music Makers at Home</b> Day/Time: _____	\$58	\$122	\$180	
<b>Music Makers Around the World</b> Day/Time: _____	\$60	\$130	\$190	
<b>Musikgarten's Piano Partners</b> Day/Time: _____	New Student \$90	\$300	\$390	
	Returning Student \$60	\$300	\$360	
<b>GRAND TOTAL</b>				
Sibling Discount (subtract \$10)				
Referral Discount (subtract \$10)				
<b>Total After Discounts</b>				
<b>Amount Paid</b> *Materials & Registration is due when registering				
<b>Balance Due</b> **Tuition is due on the first day of class				

## PHOTO RELEASE PERMISSION

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during class for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, Internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

- ☐ Yes, I give consent for Anja Scheidel's Musikgarten to photograph my child for the purposes listed above.
- ☐ No, I do not authorize Anja Scheidel's Musikgarten to photograph for my child for any event.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send registration forms and fees to:

**Anja Scheidel's Musikgarten**  
**207 Viola St.**  
**Mankato, MN 56001**

Please feel free to call with questions or inquiries  
 Interested parents are welcome to attend a parent's  
 night and/or visit a class.

**(507) 995-5497**

**anjamusikgarten@gmail.com**