Klassical Kidz
MUSIC STUDIO

LITTLE BEATS ENROLLMENT FORM

Pre-Lesson Music Program • Ages 18 Months–3½ Years
Fall 2026 • Six-Week Term

Preferred class section:
☐ **Wednesday, 10:30–11:00 AM:** Sept. 9, 16, 23, 30; Oct. 7, 14
☐ **Monday, 2:30–3:00 PM:** Sept. 14, 21, 28; Oct. 5, 19, 26 **(OFF Oct 12th)**
☐ Either class time works for our family

Tuition: $18 per class • **Six-week term:** $108 per child

STUDENT AND FAMILY INFORMATION

Student #1: _____ DOB: _____ Age: _____
Student #2: _____ DOB: _____ Age: _____

Parent/Guardian: _____
Siblings' Names and Ages: _____
Address: _____
Cell: _____ Email: _____

ENROLLMENT AGREEMENT

Please initial each statement:
_____ I understand that returning this form and paying tuition secures my child's place in the six-week Little Beats term, and I agree to commit to the full term.
_____ I understand that refunds, credits, and makeup classes are not provided for classes missed by an enrolled student.
_____ I understand that a parent or responsible caregiver must remain on the premises and participate throughout each class.
_____ I understand that Klassical Kidz Music Studio will take reasonable precautions to provide a safe environment. I agree not to hold the studio, its owners, teachers, staff, volunteers, or the program location responsible for injuries or losses, except where prohibited by law.

PHOTO AND VIDEO PERMISSION

Please select one:
☐ I give Klassical Kidz Music Studio permission to use photographs or brief video clips of my child in studio publications, on the studio website or social media, and in other promotional materials.
☐ I do not give permission for photographs or video clips of my child to be used.

Parent/Guardian Signature: _____ Date: _____