



Music N' Motion

Have fun with music in your own setting or in ours!!!



Enrollment for Music N' Motion Music Classes

Please Print and fill out 1 form for each family per class

Name of Student: _____

Age of Child: _____

Amount of Payment: _____

Address: _____

City, State, Zip: _____

Phone Number Home : _____ Cell: _____

Parent(s) Name: _____

Email Address: _____

Day of Class: _____ Time: _____

Location: _____

I authorize my child to participate in Music N' Motion. I agree to pay the above fee and understand that there are no make-ups if my child is ill or cannot make the class and there are no refunds.

Please make checks payable to : **Music N' Motion**

Mail enrollment form and payment to:

**Music N' Motion
P.O. Box 4332
Palos Verdes Peninsula, Ca 90274**

Signature of Parent: _____ Date: _____

Session Starts: _____ Ends: _____

Amount Paid _____ Check Number: _____