

# REGISTRATION FORM

## PARENT INFORMATION

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Referred by: \_\_\_\_\_

## CHILD INFORMATION

Child Name: \_\_\_\_\_

Child DOB: \_\_\_\_\_

Desired Class/Day/Time: \_\_\_\_\_

Alternate: \_\_\_\_\_

# White House of Music

*Music for Life*

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Waukesha, WI 53186

262-798-3064 #240

Kindermusik Information Line

[www.whitehouseofmusic.com](http://www.whitehouseofmusic.com)