



Spring Semester 2010 Registration Form

94-547 Uke'e St. #207, Waipahu, HI, 96797

www.musikgartenhawaii.com

808-388-4838

How did you hear about us? _____

Student's Name	Age (Years/Months)	Birth Date
1)		
2)		
3)		

Parent's Name	
Address	
Phone No.	
Email Address	

Class	
Day / Time	

<Discounts>

*Family enrolling siblings may deduct \$5.00 per child from the total cost.

*Returning student receive \$5.00 off from the total cost.

*Refer a friend and get \$5.00 off from the total cost.

<Payment Policy>

*Tuition is not refundable and must be paid before the first class of the semester.

*Family wanting to pay on a monthly basis needs to submit post dated checks for the amount due.

Tuition + Materials =	\$
Discounts? =	\$
TOTAL =	\$

Office Use:

Amount Paid\$ _____ / Date _____ / Check # _____ / Balance \$ _____