



Agnes Strecker Dance Studio  
172 Beach Street  
Revere, MA 02151

# Kindermusik®

Revere

Groveland

Child's Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of current Nursery School, Preschool or Day care:  
\_\_\_\_\_

Parents Name: \_\_\_\_\_

Name of person bringing child to class

Materials Fee: \$ \_\_\_\_\_

(Must accompany this form)

Tuition: \$ \_\_\_\_\_

(Due on or before first day of class)

Registration Fee: \$ 10.00

Total \$ \_\_\_\_\_

Amount included \$ \_\_\_\_\_