



www.BonnieLight.com

Office Use Only		
Reg-F _____	Reg-W _____	Reg-S _____
TC _____	WL _____	ID _____

## 2009 Winter Registration Form

Date: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Sex M F  
 Father's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Mother's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 How did you hear about us? \_\_\_\_\_ Email: \_\_\_\_\_

Session: \_\_\_ Fall (10 weeks) \_\_\_ Winter (10 weeks) \_\_\_ Spring \_\_\_ Summer  
 Class: \_\_\_ Infant \_\_\_ Toddler \_\_\_ Pre-School \_\_\_ Mixed \_\_\_ School Age \_\_\_ Saturday Classes  
 First Choice: Day: \_\_\_\_\_ Time: \_\_\_\_\_ Second Choice: Day: \_\_\_\_\_ Time: \_\_\_\_\_

If deposit is received after both choices are filled: \_\_\_ Put me on waiting list \_\_\_ Apply to next session  
 \_\_\_ Apply to next available class \_\_\_ Return my check

Payment Enclosed: Amount \$ \_\_\_\_\_ \_\_\_ Cash \_\_\_ Check \_\_\_ Money Order

FEES:	Infant	Toddler/Mixed	Pre-School	School Age	FAMILY RATE**
Registration Fee/Deposit (per child) <i>Includes a \$25 non-refundable fee per child</i>	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00	\$ 92.50
Balance Due by First Class:	\$ <u>75.00</u>	\$ <u>75.00</u>	\$ <u>75.00</u>	\$ <u>75.00</u>	\$ <u>92.50</u>
<b>Total Session Cost:</b>	<b>\$ 150.00</b>	<b>\$ 150.00</b>	<b>\$ 150.00</b>	<b>\$ 150.00</b>	<b>\$ 185.00</b>

\*\* FAMILY RATE – more than one child in the same family.

Office Use Only: Instrument Kit:    owes    paid
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Under nine months with sibling in same class – no charge.  
 First time infant enrollees must purchase an Infant Instrument Kit at the first class. Cost \$30.00  
 Returned check fee: \$25.00

**REFUND POLICY:** After the first scheduled class – Total session cost refunded except \$40.00 per child.  
 No refund 4 days after first scheduled class.

Return completed registration form with your check **PAYABLE ONLY TO BONNIE G. LIGHT**  
 Mail to: 211 South Branch Parkway, Springfield, MA 01118. Your check is your receipt. **THANK YOU!**

**I HAVE READ THIS FORM AND AGREE TO TERMS ABOVE:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE DO NOT WRITE IN THIS BOX

F-Class _____ Day _____ Time _____	W-Class _____ Day _____ Time _____	S-Class _____ Day _____ Time _____
<u>Fall - Session One</u>	<u>Winter - Session Two</u>	<u>Spring - Session Three</u>
<u>Summer – Session Four</u>		
Deposit Rec:	*	*
Date Rec:	*	*
Check No.	*	*
Balance Due:	*	*
Comments:	*	*