

GLEE WITH ME

Music • Movement • Learning • Joy

PARENT REGISTRATION FORM | WEEKLY CLASSES | \$55 PER MONTH

School / Center: _____

Class day and time: _____

Requested start month: _____

CHILD INFORMATION

Child's full name: _____

Date of birth: _____ Age: _____ Classroom / Teacher: _____

☐ Toddler ☐ Preschool ☐ Pre-K ☐ Kindergarten ☐ 1st Grade

Allergies, medical needs, sensory needs, or accommodations:

Anything else that will help your child feel successful: _____

PARENT / GUARDIAN INFORMATION

Parent / guardian name: _____

Relationship to child: _____

Mobile phone: _____

Email address: _____

Home address: _____

EMERGENCY CONTACT AND PICKUP

Emergency contact name: _____

Relationship: _____ Phone: _____

Other adults authorized to pick up child: _____

Pickup follows the school/center's identification and release procedures.

PERMISSIONS

☐ YES ☐ NO

I give permission for my child to participate in age-appropriate music, movement, rhythm, instrument, storytelling, and floor-piano activities.

☐ YES ☐ NO

I permit Glee with Me to photograph or record my child for private class/school sharing and promotional use. No child's full name will be posted.

TUITION AND ATTENDANCE

- \$55 per child, per month for weekly classes. Payment instructions and the monthly due date will be provided by Glee with Me or the participating school.
- Enrollment continues month to month until the parent/guardian gives notice before the next monthly payment is due.
- A child's absence does not reduce monthly tuition. If Glee with Me cancels a class, the class will be rescheduled or an appropriate credit will be provided.
- A space may be released if tuition is not received by the stated due date.

PARENT ACKNOWLEDGMENT

I understand that Glee with Me provides supervised, age-appropriate enrichment activities. I have disclosed information needed for my child's safe participation. If I cannot be reached during an emergency, I authorize the school/center to follow its established emergency procedures and contact emergency services when necessary.

Parent / guardian signature: _____

Printed name: _____ **Date:** _____

PAYMENT

☐ Cash ☐ Check ☐ Electronic payment ☐ Other: _____

Payment received by: _____ **Date:** _____ **Amount: \$** _____

Questions? (954) 817-6080 • mslaura@gleewithme.com
gleewithme.com