



***Kindermusik***  
**INFORMATION SHEET**

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_  
(zip code)

Email Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Emergency Name and Phone Number \_\_\_\_\_

Where did you hear about Kindermusik? \_\_\_\_\_

Best time of day to call you \_\_\_\_\_

Medical problems (food allergies) or other concerns Mrs. G should know about \_\_\_\_\_

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Child's other interests \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work (car) phone \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Do you play any musical instruments? \_\_\_\_\_

Do you sing in a choir or group? \_\_\_\_\_

Father's Name \_\_\_\_\_ Work (car) phone \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Do you play any musical instruments? \_\_\_\_\_

Do you sing in a choir or group? \_\_\_\_\_

**Brothers and Sisters**

Name	Age	Choir program or musical instruments
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