



Pre-Shabbat Music Class - Registration Form 2019

Parent(s) Name: _____ Phone: _____

Child's Name: _____ Date of Birth: _____

Address: _____

City: _____ Postal Code: _____

Email: _____ Beth Tzedec Member: Yes _____ No _____

Who will accompany the child:

Name: _____ Phone: _____

Relationship: _____ email: _____

Registration Fees:

Choose one or more terms.

FRIDAYS 11:00 TO 11:45 A.M.

_____ **Second Term:** January 11 to March 22, 2019 (10 Sessions) - \$60 (*members*), \$75 (*non-members*)
no class February 15

_____ **Third Term:** March 29 to June 14, 2018 (10 Sessions) - \$60 (*members*), \$75 (*non-members*)
no class April 19 or 26

Drop-ins are welcome **if space permits: \$7 per class (*members*) / \$10 per class (*non-members*) Please call first.**

PAYMENT DETAILS:

VISA ___ M/C ___

Credit Card Number: _____

CVC number (on back of card): _____ Expiry _____

Signature: _____ Date: _____

CHARGE TO CREDIT CARD \$ _____ SENT TO ACCOUNTING: _____

CANCELLATION POLICY: If we have processed your payment we will be happy to reimburse you at a pro-rated fee less \$50.

To register, or for more information, please contact Avital at 416 781-3511 info@beth-tzedec.org.