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Recognized for Exceptional Service

Registration Form

Parent's Name _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____ Cell (____) _____

E-mail _____

1st Child's Name _____ Birthdate _____

Village Our Time Imagine/Adv Young Child Family Time Spanish Time

Camp

SB Carp Goleta

Day/Time 1st Choice _____ 2nd Choice _____

2nd Child's Name _____ Birthdate _____

Village Our Time Imagine/Adv Young Child Family Time Spanish Time

Camp

SB Carp Goleta

Day/Time 1st Choice _____ 2nd Choice _____

You will be notified if your first class choice cannot be fulfilled.

Deposit or Payment Due Upon Registration

Registration \$ _____ Materials \$ _____ Total \$ _____

Check # _____ Cash _____

I would like to donate \$ _____ to Global Arts Outreach: India's Children