



5401 Western Avenue, Suite B • Boulder, CO 80301

(303) 443-2969 • info@kutandara.com

CLASS REGISTRATION FORM

CONTACT INFORMATION FOR STUDENT

Name: _____ Birthday (mm/dd/yy): _____

Address: _____

City: _____ State: _____ Zip: _____

Home: _____ Work: _____ Cell: _____

Email: _____

How did you hear about Kutandara Center? (circle one)

Friend/Family: _____ Concert/Event _____ Ad/Flyer _____ Other: _____

ADDITIONAL INFORMATION FOR STUDENTS UNDER 18

Current Age: _____ Current Grade: _____

Emergency Contact Person: _____ Relationship: _____

Phone number during class time: _____

Allergies/Concerns: _____

CLASS REGISTRATION INFORMATION

Session (circle one): Winter (January-April) Summer (May - August) Fall (September - December)

Class Name: _____

Day/Time: _____ Cost: _____

*A one-time \$50 (individual) or \$75 (family) registration fee is required for registration. Additionally, a 50% non-refundable deposit is required to reserve space in a class for each student. Tuition balance is due the first day of class.

I have read and understand Kutandara Center policies regarding registration, withdrawals and refunds. I also acknowledge that music activities involve risk of physical injury. I assume all responsibility and waive all claims for injury, loss, or damage arising at any time in connection with any activity at Kutandara Center. I understand that Kutandara Center is not responsible for monitoring drop-off and pick-up of students.

Student (parent/guardian if student is under 18)

Date