



zumbini™

Date: _____

Child's Name: _____ M _____ F _____
 2nd Child's Name: _____ M _____ F _____
 1st Child Date of Birth: _____ 2nd Child Date of Birth: _____
 Parent's First Name: _____ Last Name: _____
 Mailing Address: _____
 City, State Zip: _____
 Home Phone: _____ Cell Phone: _____
 Email Address: _____
 Emergency Contact: _____ Phone: _____
 How did you hear about zumbini at ZFRAN? Friend Magazine _____ other

Winter Sesiions:

December: 4, 11, 18

Januray: 8, 15, 22, 29

February: 5, 12, 19, 26

Fees: Registration Fee: \$25/family

check one:

First Child: _____ **Fall Wednesdays** **\$175** inc. music CD and Songbook

Additn'I Child: _____ **Fall Wednesdays** **\$50**

Amt. Paid: \$ _____ Cash credit check

Payment/Refunds

Payments due in full at time of registration. Refunds will not be granted after classes begin.

Photo/Video Release

I acknowledge that ZFRAN, INC. (aka ZFRAN Studio) has permission to photograph and video tape me and my child(ren) for marketing and promotional purposes, via but not limited to: internet, print, video distribution with no compensation granted.

Participation

Participants must commit to an entire seasonal session. All children must be with an adult parent/caregiver in order to participate in class.

Liability Waiver:

I hereby release and agree to indemnify and hold harmless: ZFRAN, Inc., and all instructors from any liability and against any and all claims resulting from participation in this program.

I have read the zumbini™ Welcome Letter and agree to all of the policies and procedures listed.

Participant's Signature

Date