

Music Together[®]

Riverside Music Together

Date _____

Parent Name(s) _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email Address _____

Name and age of child(ren) in family:

Why would you like to take this class with your child(ren)?

What was your early childhood musical experience like?

Would you like your child's experience to be similar or different from your own? Why?

Are you aware of how important the participation of a parent or caregiver is in a Music Together class, and are you willing to participate with enthusiasm?

What amount is your family able to pay towards the tuition for RMT classes?