

Prenatal Music Session Application



Week of Pregnancy _____ Due Date _____

Start Date of Session _____ Desired Class Time _____

Father's Name _____ Work/Cell Phone _____

Mother's Name _____ Work/Cell Phone _____

Address _____
 P.O. Box/ Street Address _____ City _____ State _____ Zip _____

E-mail address(s) _____

How did you hear about Early Childhood Music? _____

Account Setup: Requires Payment Security Form if 1st session.

- Advanced payment of entire session and materials. Full payment must be submitted with the application. May mail to PPI office at 184 Suite E Old Hwy 431, Hampton Cove, AL 35763.
- Establish a monthly auto payment method according to my Payment Security Form.

I understand that...

- My class may be videoed or recorded for advertising and training purposes. I will not receive compensation, financial or otherwise, and release PPI to use as needed.
- I understand that my account will be charged for the full session length regardless of whether I attend the lessons or not, unless my baby is born prior to due date. In that case I will receive a credit with ECM to be used for later classes.

Date

Responsible Party's Signature

Teacher _____	Class & Time _____	Rate _____	Start Date _____
Application fee: Single _____	Family _____	QBP _____	MT _____
			Roster _____

Early Childhood Music® is an extension of Piano Praise, Inc.
 184 Suite E Old Hwy 431, Hampton Cove, AL 35763
 (256) 348-6634

www.perfectpraisestore.com

www.prenatalmusic.net

www.earlychildhoodmusic.net