Kids 'n Keys
Session Application

Kids 'n Keys Level _____

Start Date of Session _____ Length of Session_____

Name of Student_____Home Phone_____

E-mail address_____

Complete additional information, if first session or if information has changed.

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

Age_____ Birth Date_____ Grade in School as of September 1_____ Male ( ) Female ( )

Father's Name_____ Work/Cell Phone_____

Mother's Name_____ Work/Cell Phone_____

Account Setup:

- ☐ *Advanced payment of entire session and materials. Mail payment to PPI office.*
- ☐ *Monthly automatic charge to debit card or credit card. Visa, MasterCard, Discover.*
- ☐ *Continue my payment method according to my Payment Security Form. (levels 2-7)*

I understand that…

- *By submitting this Session Application I am committing to the full book set.*
- *I understand that my account will be charged for the full session length regardless of whether I attend the lessons or not.*

_____ _____

Date ***Responsible Party's Signature***

Teacher _____Class &Time_____Rate_____Start Date_____
Application fee: Single _____ Family_____ QBP_____MT_____R_____ School Location_____

Early Childhood Music® is an extension of Piano Praise, Inc.
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