


PAYMENT

DUE ON THE 10TH OF THE MONTH. MONTH OF [] AMOUNT DUE **\$34.00** AMOUNT PAID []

NAME OF STUDENT _____ A late fee of \$5 will be added to all accounts not paid by the 10th.

SCHOOL _____

PARENTS' NAMES _____

Musical Children

 MAKE CHECKS PAYABLE AND MAIL TO: **KIDSTUNES**
 P.O. BOX 1327
 FAIRVIEW, TN 37062
 (615)799-1850
 TO PAY BY CREDIT CARD 800-635-6281


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