



registration ...

Child's name _____ Boy Girl

Date of birth _____ Current Age _____

Mother's name _____

Address _____

Phone (h) _____ (w) _____ (c) _____

Email _____

Father's name _____

Address _____

Phone (h) _____ (w) _____ (c) _____

Email _____

Location: Connecticut College Pfizer Kids, New London (for children at Pfizer Kids)

Check enclosed _____ Checks payable to TVMS

Credit Card

VISA MC # _____

Name on Card _____ Exp. date _____

MAILING ADDRESS: TVMS, Conn College, Box 5294, 270 Mohegan Avenue, New London, CT 06320

CONTACT INFO: Office: P. 860.439-2749 • F: 860.439.5382
E: tvms@conncoll.edu • W: www.thamesvalleymusicschool.org

REGISTRATION SUBMISSION(S): Can be mailed, faxed (860.439.5382)
or register on-line (thamesvalleymusicschool.org).