

Music Lesson Registration Form

Welcome to our music studio. Please complete the following form in full. Once complete, please review the Studio Policies (provided separately), sign the bottom of this form, and return.

Student Name	Date of Birth
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Street	City
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Zip Code	Student E-mail
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School Name	Grade
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Primary Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home	Secondary Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home
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Mother's Name <input type="checkbox"/> Primary Contact	Father's Name <input type="checkbox"/> Primary Contact
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Business Phone	Business Phone
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E-mail	E-mail
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Emergency Contact Name	Emergency Contact Phone
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Other Information
(Known Allergies, Disabilities, etc.)

Lesson Day	Lesson Time	Start Date
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First Tuition Payment	\$	
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Annual Materials Fee	\$	
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Total Due Upon Enrollment	\$	Paid Via:
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I have read and understand the Studio Policies, and agree to abide by the guidelines and policies listed.

Student Name	Parent Name
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Signature of Student (or Parent/Guardian if Minor)	Date
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