



Tel: (914) 381-2070

Fax: (914) 381-0689

REGISTRATION FORM 2011 - 2012

Date of Registration: _____ Last Name: _____

Student #1 Name: _____ Date of Birth: _____
Instrument: _____ Day of Lesson: M T W T H F S Length: 30 45 60 minutes
Group Class: _____ Day/Time _____ Previous Study? Y / N Instrument(s): _____ Years: _____

Student #2 Name: _____ Date of Birth: _____
Instrument: _____ Day of Lesson: M T W T H F S Length: 30 45 60 minutes
Group Class: _____ Day/Time _____ Previous Study? Y / N Instrument(s): _____ Years: _____

Student #3 Name: _____ Date of Birth: _____
Instrument: _____ Day of Lesson: M T W T H F S Length: 30 45 60 minutes
Group Class: _____ Day/Time _____ Previous Study? Y / N Instrument(s): _____ Years: _____

CONTACT INFORMATION

Mother's Name: _____ Father's Name: _____
Address: _____ Address: _____
_____ _____
Home Phone: _____ Home Phone: _____
Cell Phone: _____ Cell Phone: _____
Occupation: _____ Occupation: _____
Employer: _____ Employer: _____
Work Address: _____ Work Address: _____
_____ _____

Work Phone: _____ Work Phone: _____

Hours can be reached: _____ Hours can be reached: _____

Do you play an instrument? _____ Which one? _____ Do you play an instrument? _____ Which one? _____

How did you hear about the Music School? _____ Person responsible for billing? _____

* E-MAIL ADDRESS: _____