



## REGISTRATION

**Please complete for each student and bring to your 1<sup>st</sup> lesson.**

Student Name: \_\_\_\_\_ Nickname (if any) \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_ Age: \_\_\_\_ Birthday: \_\_\_\_\_

Mother's Name/Work Phone: \_\_\_\_\_ Cell Phone/Text #: \_\_\_\_\_

Father's Name/Work Phone: \_\_\_\_\_ Cell Phone/Text #: \_\_\_\_\_

In case I need to contact this student's parent during the day, and neither parent can be reached at home, please provide at least one work email address below.

Mother's Work Email: \_\_\_\_\_

Father's Work Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Student's music experience: \_\_\_\_\_

\_\_\_\_\_

Referred by: \_\_\_\_\_