Homeschool Class Registration Form



Sess	ession Registering for: Fall 20 Winter 20 Spring 20		
Choo Prog			
	Student Name		Student Birthdate (m/d/y)
1	Parent(s) / Guardian(s) Name(s)		Student Age & Grade in School
	Student Allergy Info:		Student Music Experience
5	Street Address		
(City/State/Zip		
E	Email Address		
f	Primary Phone	Altern	nate Phone
	How did you hear about us?		

Do you have a piano at home? If so, what kind? Student Hobbies & Interests: Student Favorite School Subject: Does anyone in the family play the piano, or any other musical instrument? Any concerns or anything else you would like the teacher to know?	
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Thank you.

After submitting payment for the session, please plan on returning this form, along with a signed copy of the studio policies on the first day of the session you will be attending.

