

LET'S ROCK MUSIC SCHOOL REGISTRATION FORM



Student Name: _____ Date: _____

Student Birthdate: _____ Student Grade (if applicable): _____

Address: _____
Street City Zip Code

Type of Lesson(s): Individual Group Choir Band Baby/Toddler

Instrument: _____ Have at home Do not have

Please list any previous knowledge student has: _____

Please Mark **ALL** Your Available Times (Morning slots may be available, please ask if interested)

	2:00	2:30	3:00	3:30	4:00	4:30	5:30	6:00	6:30	7:00	7:30
Mon.											
Tues.											
Wed.											
Thurs.											

Mother: _____
Name Phone Email

Preferred Method of Contact: Phone Text Email

Father: _____
Name Phone Email

Preferred Method of Contact: Phone Text Email

Emergency Contact: _____
Name Phone

For Office Use Only-----

Tuition Rate: \$ _____ Registration Fee Paid: School Policy Read and Signed:

Lesson Day: _____ Lesson Time: _____