

MUSIC SCHOOL OF WESTCHESTER

Tel: (914) 381-2070

REGISTRATION FORM 2017 - 2018

First : _____ Last Name: _____ Date of Registration _____

E-mail Address: _____

Student #1 Name: _____ Date of Birth: _____

Instrument: _____ Day of Lesson: M T W TH F S Length: 30 45 60 minutes

Group Class: _____ Day/Time _____ Previous Study? Y / N Instrument(s): _____ Years: _____

Current School: _____

Student #2 Name: _____ Date of Birth: _____

Instrument: _____ Day of Lesson: M T W TH F S Length: 30 45 60 minutes

Group Class: _____ Day/Time _____ Previous Study? Y / N Instrument(s): _____ Years: _____

Current School: _____

Student #3 Name: _____ Date of Birth: _____

Instrument: _____ Day of Lesson: M T W TH F S Length: 30 45 60 minutes

Group Class: _____ Day/Time _____ Previous Study? Y / N Instrument(s): _____ Years: _____

Current School: _____

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? _____