Lesson Registration Form

Welcome to Miss Kat’s Music Studio. Please complete this form prior to attending your first private lesson. It is very important to read through the Studio Policy, both the student and parent(s), before signing at the bottom. Return to Miss Kat at beginning of first lesson.

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| Student name: | **Date of Birth:** |
| Street: | **City:** |
| Zip Code: | **Grade:** |
| School Name: | **Orchestra Teacher** |
| Mother’s Name:  Primary Contact | **Father’s Name:**  **Primary Contact** |
| Phone: | **Phone:** |
| Email: | **Email:** |
| Emergency Contact Name/Phone: | **Emergency Contact Name/Phone:** |

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| --- |
| Other Information (Allergies, Disabilities, etc.): |

|  |  |  |
| --- | --- | --- |
| Lesson Day: | Lesson Time: | Start Date: |
| 30’ | **45’** | **60’** |
| Monthly Tuition: | **Fees:** | **Initials:** |

I have read and understand the Studio Policy. I agree to follow policies listed.

|  |  |
| --- | --- |
| Student Name: | Parent Name: |
| Signature of Student: | **Signature of Parent:** |