

STUDIO NINE SCHOOL OF MUSIC

REGISTRATION FORM 2024/2025

1. Student's Name _____ Age ____ Birthday M ____ D ____ Y ____

Instrument: _____ Private Lesson ____ or Group Class ____ Previous Experience: _____mos/yrs

2. Student's Name _____ Age ____ Birthday M ____ D ____ Y ____

Instrument: _____ Private Lesson ____ or Group Class ____ Previous Experience: _____mos/yrs

Contact Information:

Parent's Names _____

Address _____ City _____ Postal Code _____

Telephone Numbers:

Cell (Mom) _____ Cell (Dad) _____ Home _____

Email _____ (Used for confirmation of lessons/newsletter)

Is there anything special that we should know about your child (medical conditions etc.)?

How did you hear about us? _____

Referral: Family Name _____

For Office Use Only

1. Teacher's Name _____ Lesson
Day & Time _____ Location: Bon McK

2. Teacher's Name _____ Lesson
Day & Time _____ Location: Bon McK

CC Info received _____ OR Post-dated Chqs. _____ Registration paid _____ Date: _____

Entered into JR _____ Emailed Instructor _____ Start Date _____ Admin initials _____ Managers Initials _____