

REGISTRATION FORM

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____

(Work) _____

(Cell) _____

Email: _____

Parents' Names: _____

Student Birthday (Month, Day, and Year): _____

Grade in School: _____

Lesson Length Requested: _____ 30 minute

_____ 45 minute

_____ One hour

Day of Week/Time Request: _____

Previous Musical Experiences:

\$25 enrollment fee required per child for registration. Please include fee with this form and return to:

Betty T. Smith
bsmithmusicstudio@gmail.com

If you have any questions, please call at 913-492-0083 or email me at
bsmithmusicstudio@gmail.com.