

**SLATER MUSIC ACADEMY
PRIVATE LESSON REGISTRATION FORM**

Student name _____ Date of birth _____

Today's date _____ Instructor _____

For what instrument are you registering? _____

Parent/guardian name _____

Address _____

City, state, zip code _____

Day phone number _____ Evening phone number _____

Additional phone number(s) _____

Emergency contact and phone number _____

Email address(es) (note – we will NEVER send you unsolicited email or give your email address to anyone else. This is for communication purposes ONLY.)

Are there any medical conditions or handicaps that the instructor should know about? If so, please explain.

How did you hear about Slater Music Academy?

Please sign and return to the Academy with payment in full.

I have received and read a copy of PRIVATE LESSON PRICES AND STUDIO POLICIES, and I further agree to abide by all rules and policies set forth in the same.

Name _____ Date _____