

Dee's Music Room

LESSON & CLASS ONLINE REGISTRATION FORM

Today's Date:

Email:

STUDENT INFORMATION

Student's Last Name		First	Middle	Grade	School Status		
					Public	Private	Homeschool
Do you enjoy music?	At Home Parent(s) name		Second Parent's Name		Birth Date	Age	Sex
Yes No							<input type="checkbox"/> M <input type="checkbox"/> F

Street Address	City	State	ZIP Code	School Name	Home Phone No.
		WA			

P.O. Box	City	State	ZIP Code
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Occupation of Primary Parent	Employer (for emergency contact only)	Parent Musical Background – Yes/No?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Referred to Studio by (Please check one box)

Family	Friend	Online (Source Below)	Tonara Referral	Other	K12 Academics
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Other Family Members At This Studio

Favorite Song

Favorite Kind of Music

Does Someone at Home Play an Instrument?

Do You Have a Piano or Guitar at Home? Other instrument? :

What are Your Hobbies & Interests?

Previous Classes or Years of Study

Books Studied:

Do you Have Brothers or Sisters?

Do you Wear Glasses, Contacts or a Hearing Aid?

What else would you like us to know?

PAYMENT INFORMATION

Person Responsible for Bill	Pay by Check? <input type="checkbox"/> Yes	Paypal?	Bank Direct Pay.
Mastercard/Visa/Discover?	<input type="checkbox"/> Yes		
Card No.	Expiration Date	Card Name (& Address If Different)	Contact Phone No.

IN CASE OF EMERGENCY

Name of Local Friend or Relative (not living at same address)	Relationship to Student	Home Phone No.	Work Phone No.
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