

**PLEASE FILL-OUT ALL REQUESTED INFORMATION. WE NEED IT TO SERVE YOU BETTER. YOUR INFORMATION IS SAFE WITH US.**

***Student Information***

First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ DOB (MM/DD/YYYY): \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_, MA Zip: \_\_\_\_\_

***Contact Information***

Home Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

<i>If under 18 years old please complete this section:</i>		Grade:	
Father's Name		Daytime Phone:	
Mother's Name		Daytime Phone	

Select Lesson or Program: \_\_\_\_\_ Instrument at home: \_\_\_\_\_

Lesson Length:  30 minutes  45 minutes  60 minutes

Please describe your experience:

*Please list all days of the week and times when you are able to take lessons:*

	Slot1		Slot2		Slot3	
Day	From	To	From	To	From	To
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

How did you find out about our Academy:

What else do we need to know about your child?



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