



**REGISTRATION FORM NEW STUDENTS 2017-2018**

Please fill out all information in each section and mail it along with a **\$30.00 registration fee per student to: The Magic of Music, PO Box 534, Delmar, NY 12054.** Scheduling is on the back. Please be sure that you have signed in both places.

**STUDIO POLICY**

**Studio Policy:** Tuition payments are due on the first of each month. A **\$5.00 late fee will be charged after the 8th of the month. If payment is not received by the 10th of the month, a student will not be allowed to continue lessons until payment is received.**

**Lesson Termination:** Two weeks notice is requested by the studio.

**Missed Lesson:** Refunds will not be given for missed lessons. **Two make-up lessons** will be allowed per student for absences caused by illness or death in the family with the requirement that the teacher receive advanced notice. Teacher absences must be made-up.

→ **Parent's signature** \_\_\_\_\_

**Part I: STUDENT INFORMATION (Please print)**

Name of Student #1 \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Grade in fall \_\_\_\_\_

Name of Student #2 \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Grade in fall \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents' Names \_\_\_\_\_

Home Phone \_\_\_\_\_ (Work) Father \_\_\_\_\_ (Work) Mother \_\_\_\_\_

Email \_\_\_\_\_ (Cell) Father \_\_\_\_\_ (Cell) Mother \_\_\_\_\_

Does your child(ren) have any instrumental/vocal experience? \_\_\_\_\_ If yes, how many years? \_\_\_\_\_

Does your child(ren) have any medical condition that we need to know? \_\_\_\_\_

Person to call in emergency \_\_\_\_\_ Phone \_\_\_\_\_

**PART II: PROGRAM SELECTION - Please select the length of your lesson(s) and then the instrument(s).**

Private lessons for	Instrument(s)		
_____ 30 minutes	_____ Piano	_____ Cello	_____ Saxophone
_____ 45 minutes	_____ Voice	_____ Guitar	_____ Trumpet
_____ 60 minutes	_____ Violin	_____ Flute	_____ Trombone
	_____ Viola	_____ Clarinet	_____ Drums

**PART III: SCHEDULING FOR FALL**

Please select time blocks and days that you would prefer your lessons. Two children can study with different teachers at the same time! Please make a note if this is what you would like to do. Please do not choose a specific time like "4:00". We already have over 125 students registered for all and chances are we will not be able to grant such requests. Time blocks such as 4:00-7:00 are more helpful in scheduling. "Earlier" or "Later" will also help! **Please complete ALL questions!! (Read through all first!)**

Choice 1: \_\_\_\_\_ at \_\_\_\_\_  
 (Day) (Time Blocks)

Choice 2: \_\_\_\_\_ at \_\_\_\_\_

Choice 3: \_\_\_\_\_ at \_\_\_\_\_

Choice 4: \_\_\_\_\_ at \_\_\_\_\_

Choice 5: \_\_\_\_\_ at \_\_\_\_\_

Questions? Call Margarita, Director at: 475-0215 or 452-8427.

Please mail this form along with \$30.00 fee per student to:

**The Magic of Music, PO Box 534, Delmar, NY 12054.**

✓ Signed \_\_\_\_\_ Amount enclosed \$ \_\_\_\_\_

How did you hear about us?

- Friend
- Spotlight
- Parent Pages
- Sign in front of studio
- Internet
- Other. Please specify. \_\_\_\_\_