



Registration Form*

Parent/Guardian Name: _____

Child's Name/Birth Date: _____

Type of Lessons to be Taken: _____

Date of First Lesson: _____

Home Telephone: _____ **Alternate Telephone:** _____

Home Mailing Address: _____

E-Mail Address: _____

How Would You Like To Be Contacted? _____

Emergency Contact: _____

How Did You Hear About Us? _____

Special Promotion: _____

** Please be assured that your information will be kept private*