

MUSIC MAKERS REGISTRATION FORM

STUDENT NAME _____

month / day / year

DATE OF BIRTH _____ PHONE _____

EMERGENCY NUMBER OR CELL PHONE _____

MAILING ADDRESS _____

POSTAL CODE _____

PARENTS NAMES _____

EMAIL ADDRESS _____

CUSTODIAL OR MEDICAL INSTRUCTION _____

ALLERGIES _____

CLASS NAME _____ DAY _____ TIME _____

FEES ENCLOSED _____