

MuzicNet School of Music

Registration Form-Park Forest Location

Student INFORMATION:

Last Name _____ First Name _____
Street Address _____
City _____ State _____ Zip Code _____
Daytime Phone _____ Home Phone _____ Cell Phone _____
Date of Birth: ____/____/____ Age (for minors): _____

Email Address: _____

Musical Background:

List all instruments you have played _____
Have you had previous lessons _____ If yes, how many years _____ Do you read music _____
Do you currently play for any organizations _____ If yes, please list _____

Musical goal:

What instrument do you desire to learn _____
Do you have the instrument for practicing _____
Is there a specific style of music you desire to learn, If so please list _____
What is your goal: _____ To prepare for playing or singing at church
_____ To improve skills for my present job
_____ To prepare for playing at high school/college Band
_____ For personal interest/self development

Medical History:

Please list any health conditions: _____ ADHD _____ Asthma _____ Diabetes
_____ Epilepsy _____ Other _____

Responsible billing party information:

Name _____ Address _____
City _____ State _____ Zip Code _____
Daytime Phone _____ Evening Phone _____
Cellular Phone _____
Social Security or Driver's License Number _____

Emergency contact information:

Name _____ Phone Number _____
Relationship _____

Name _____ Phone Number _____
Relationship _____

*How did you hear about MuzicNet _____

Signature _____ Date _____

My signature indicates that all information is accurate to the best of my knowledge, and I agree to comply with the STUDENT POLICY with this form, and meet all financial obligations.

Office use only: Instructor _____ Start Date _____ Day _____ Time _____

Registration Fee \$ _____ Rate: \$ _____ per ½ hour Length of lesson _____ hr.

Please Circle One: Private Semi-Private Group

Office Personnel Initials _____ Stop Date _____