

# 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 \_\_\_\_\_