



The Studio Private Lesson Registration Form

Welcome to the studio. Please complete the following form in full. Once complete, please review the Studio Policies (provided separately), sign the bottom of this form, and return.

Student Name _____ Date of Birth _____

Street _____ City _____

Zip Code _____ Student E-mail _____

School Name _____ Grade _____

Primary Phone _____ Secondary Phone _____

Mother's Name _____ Business Phone _____

Father's Name _____ Business Phone _____

Mother and/or Father's Email: _____

Emergency Contact Name & Phone: _____

Other Information (Known Allergies, Disabilities, etc.) _____

Lesson Day: _____ Lesson Time & Start Date: _____

Monthly payment is due on the first lesson of each month. Please see our Policies & Procedures for cancellation/rescheduling policies.

*I have read and understand the Studio Policies, and agree to abide by the guidelines and policies listed.

Student Name: _____ Parent Name: _____

Signature of Student (or Parent/Guardian if Minor) _____