



# Registration Form

*Please list your preferred time(s) in the appropriate date line at the bottom of the form. A \$30 Registration fee per student (\$40 Per Family) is required to reserve a time slot for any semesters.*

**Information:**

<i>Student Name</i>		<i>Date of Birth</i>
<i>Parent / Guardian Name</i>		
<i>Address</i>		
<i>Home Phone</i>	<i>Email</i>	
<i>Work / Cell Phone</i>	<i>Instrument / Voice Type</i>	
<i>Emergency Contact</i>		
<i>Where Did You Hear About Us</i>		

**Semester:**

Spring  Summer  Fall

**List Your Preferred Day & Time(s) Below:**

Tuesday \_\_\_\_\_  Wednesday \_\_\_\_\_  Thursday \_\_\_\_\_  
 Friday \_\_\_\_\_  Saturday \_\_\_\_\_  Sunday \_\_\_\_\_