

R E G I S T R A T I O N F O R M

Student Name	DOB	Age	Current Grade
Address	_ City	State	Zip Code
Parent or Guardian Name(s)			
Home Phone	_ Cell Phone		
Email			
Class Choices (please indicate session, class name, time and cost). NOTE: Piano s	students must schedule	e class time with	Dr. Lee prior to registering.
1.			
2			
3			
TOTAL CLASS FEES \$			
TOTAL AMOUNT ENCLOSED \$			