



Student Enrollment Form

Enrollment Fee: \$25 (per family)

Student Name(s): _____

Parent Name(s): _____

Student Birthday: _____

Street Address: _____

City, State, Zip: _____

Billing Address: _____
(if different from mailing) _____

Contact Phone: _____ (home / work / cell)

Alternate Phone: _____ (home / work / cell)

Email: _____

How did you hear about lessons at Richmond Piano? _____

May we use photographs of your child for promotional purposes? YES NO

I, _____ (Parent or Guardian if student is under 18), have read the studio policies and procedures and agree to follow the policies and procedures set by the Richmond Piano Music Education Center. (If student is under 18): I acknowledge that I am responsible for my child during lessons, and I will remain on the premises during lessons unless I have completed a medical release form for my child.

Signature

Date

~~~~~**The rest to be filled out by the Music Administrator**~~~~~

Instrument \_\_\_\_\_

Teacher \_\_\_\_\_

Lesson Day and Time \_\_\_\_\_

Student Start Date \_\_\_\_\_

Notes \_\_\_\_\_

Enrollment Fee \_\_\_\_\_