For Office Use Only

Date received: _____
Check Number: _____
Cash: _____

Trinity Music Center

Class Registration Form

Student/Parent Information

Student Name: _____ **Gender**: Male/ Female **Age**: _____

Parent Name: _____

Address: _____ **City**: _____ **Zip Code**: _____

Home Phone: _____ **Cell Phone**: _____

Email: _____

T-shirt size (Circle): XS S M L (child) XS S M L (adult)

Lesson Request

Please indicate the class(es) in which you would like to register your student for:

Student Name	Class(es)	Session Tuition
	Total	

Payment Information

Payment in the amount determined above must be received at the time of registration in order to reserve your student's spot in our program. If your student is *new* to our program, please include the one time, $25 registration fee with your first tuition payment. All checks can be made out to Trinity Music Center.

Amount Paid: _____ **Check Number:** _____

Studio Agreement

I have read and understand the studio regulations explained to me in the *Private Studio Policies and Procedures.* My signature below indicates my understanding of these policies, and represents my agreement to abide by the terms given.

Signature Date