For Office Use Only

Date received: _____
Check Number: _____
Cash: _____

Trinity Music Center

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 area(s) in which your child is interested in studying (i.e. Voice, Piano, Guitar, etc.)

Student Name	Lesson(s)	Monthly Tuition
	Monthly Total:	

Payment Information

The first month's tuition payment 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