

# Mount Laurel School of Music 2015 Registration Form

We welcome you to our music studio! Please fill out the following and return to our receptionist or your instructor.

Instructor Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Contact Name/ Relationship to Student: \_\_\_\_\_

Primary Contact Phone Number(s): \_\_\_\_\_

Email  
Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Other Information  
(Known Allergies, Disabilities, etc.): \_\_\_\_\_

Signature of Parent/Guardian or Adult Student: \_\_\_\_\_

Date: \_\_\_\_\_

**\* Please Note: Payment is due to each individual instructor. If paying by check, please fill out check with your instructor's name. Thank You!**