Barbara Manaker Music Studio

Student Information Form

FILL OUT ALL THAT APPLY (If there are ANY changes!)

STUDENT'S FIRST NAME:		STUDENT'S LAST NAME:	
STUDENT'S EMAIL:		STUDENT'S CELL PHONE **AND CARRIER NAME**	
STUDENT'S BIRTHDAY:	DATE/YEAR STARTED:	SCHOOL NAME:	GRADE:

Parent Information Form

PARENT(S) FIRST NAME(S):			
PARENT(S) LAST NAME(S):			
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
HOME/WORK		CELL PHONE(S) **AND CARRIER NAME** **Ex ATT or T-Mobile** **To receive text reminders!!!!**	
EMAIL ADDRESS(ES):			

Contract

We have read all the information, and understand that by signing up for lessons, **we are registering for a twelve-month (September through August) term and agree to pay for one full year.** We also agree to follow **ALL** studio policies.

PARENT SIGNATURE:_____ DATE: _____

STUDENT SIGNATURE:_____ DATE: _____

BARBARA MANAKER | PHONE | EMAIL

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