

East Dallas Children's Music Registration Form

Child's name _____ Birthdate _____

Parent name _____

Address _____

City _____ Zip _____

Phone: Home _____ Work _____

Cell _____

Cell _____

E-mail _____

If someone else will be bringing your child to class, what is his or her name?

_____ Relationship _____

Class, Day and Time (please see accompanying schedule of classes):

1st choice _____

2nd choice _____

Is your child new to our studio, or returning? New _____ Returning _____

If you are new to our studio, please share how you found out about us, or whom we may thank for referring you _____

Please tell us any other information about your child that might be helpful (allergies, learning challenges, likes/dislikes, etc.) _____

School or Preschool _____

Sibling(s) (name and birthdate) _____

(name and birthdate) _____

(name and birthdate) _____

Musical background of family (list any instruments you play) _____

I acknowledge that I have read and understood the East Dallas Children's Music policies and agree to the terms therein. I wish to register my child for the class indicated. I understand that photographs taken in class may be used without financial compensation, unless otherwise indicated in writing. My signature below also indicates my agreement that I will not hold East Dallas Children's Music responsible for any loss, damages or injury incurred directly or indirectly from participation in the East Dallas Children's Music program or class.

I am enclosing a check for tuition and fees in the amount of (please see accompanying fee schedule) _____

signed _____ date _____

Please mail this form and your check for materials to our mailing address:

East Dallas Children's Music
942 Bridget Lane
Dallas, TX, 75218

Phone 214.324.2224 Web www.eastdallaschildrensmusic.com Email music@eastdallaschildrensmusic.com