



Application Form

Student's Name (required) _____

Student's Age (required) _____

Address (required) _____

Email (required) _____

Phone (required) _____

Who will accompany the student during classes _____

Please describe any musical background in the family _____

Check appropriate level (continuing students check the last level you took):

Beginner

Intermediate

Advanced

Choose the day(s) and time(s) preferred. Please include all available options.
(Schedule is subject to enrollment.)

We would prefer lessons on:

Monday	Time Frame _____	(example: 4:00pm-7:00pm)
Tuesday	Time Frame _____	(example: 4:00pm-7:00pm)
Wednesday	Time Frame _____	(example: 4:00pm-7:00pm)
Friday	Time Frame _____	(example: 4:00pm-7:00pm)
Sunday	Time Frame _____	(example: 4:00pm-7:00pm)

We heard about the Studio through _____

Please list your top expectations, desires or hopes for your child's music education:

Any other comments (optional)

**Mail this registration form with your payment to:
Marina Gorny, 27 Clarendon St., Newton MA, 02460**