

# MUSICAL CHARIS

## New Student Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
(Last) (First)

Parent/Guardian Name: \_\_\_\_\_  
(If under 18 years) (Last) (First)

Phone: ( ) \_\_\_\_\_ Other Number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
(#) (Street) (Apt. #)  
\_\_\_\_\_  
(City) (State) (Zip Code)

Emergency Contact: \_\_\_\_\_  
(Name) (Relationship) (Phone #)

Instrument(s): \_\_\_\_\_

Skill Level:      beginner                      intermmEDIATE                      advanced  
(circle one)

Availability:  
(Please Circle)

Mornings: **Mon Tue Wed Thu Fri Sat Sun**

Evenings: **Mon Tue Wed Thu Fri Sat Sun**

Notes: \_\_\_\_\_  
\_\_\_\_\_

Payment Plan:

I will pay at the beginning of each lesson

I will pay at the beginning of each month



