

Elizabeth Ann Reed, M.M.

NCTM, Nationally Certified Teacher of Music

32 Hammond Road, Belmont, MA 02478-2253

2019-2020 REGISTRATION FORM

Please fill in all information

STUDENT _____

AGE _____ BIRTHDATE _____ GRADE in SEPT _____

SCHOOL ATTENDING _____

PARENTS' NAMES _____

ADDRESS _____

CITY _____ ZIP _____

CHECK OFF ONE OR BOTH BOXES TO RECEIVE EMAILS FROM ME.

email address MOTHER _____

email address FATHER _____

email address STUDENT (if in High School) _____

PHONE HOME _____

MOTHER WORK _____ CELL _____

FATHER WORK _____ CELL _____

LESSON DAY AND TIME, TUES WED or THURS

NON-REFUNDABLE REGISTRATION FEE \$50.00/STUDENT

TOTAL ENCLOSED _____

I understand and agree to Elizabeth Ann Reed's Studio Policy.

SIGNATURE _____ DATE _____