

# YULIA BERRY'S FLUTE STUDIO

## REGISTRATION FORM

### STUDENT & PARENT INFORMATION:

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of School: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Are you the person responsible for payments? Yes/No (circle one)

If no, name of person responsible for payments: \_\_\_\_\_

### LESSON/TEACHING INFORMATION:

Has student previously taken music lessons or classes? Yes/No (circle one)

If yes, name of previous teachers & instruments: \_\_\_\_\_

About your flute: (required only for flute students)

Maker/Brand \_\_\_\_\_

What is your goal of taking flute lessons? \_\_\_\_\_

Does the student have any special learning needs (visual/auditory, behavioral, health, etc.)? Yes/No

If yes, please explain: \_\_\_\_\_

If there is anything else that will help us to individualize your/your child's learning experience, please let us know: \_\_\_\_\_

Please list all other activities in which the student will be involved on a regular basis:

### Lesson Length:

30 Minutes  45 Minutes  60 Minutes

How did you hear about Yulia Berry's Flute Studio?

I have read and understand the policy for Yulia Berry's Flute Studio, and agree to the information contained therein. I have voluntarily provided all information on this form and the information is complete and accurate to the best of my knowledge. I understand that the information I have provided on this form will be kept confidential, and will not be shared with anyone else. I understand that by signing below, I am agreeing to be held responsible for payments to Yulia Berry's Flute Studio, for all services provided to my child or myself as outlined in the policy, and for all materials purchased through the studio. I agree to give at least two week WRITTEN notice if I decide to terminate lessons.

Signature \_\_\_\_\_

Date \_\_\_\_\_