Fall 2017 Music Registration Form

Academy of the Performing Arts

Billing Name:						
Address:	City:	State:	Zip:			
Home Phone:	Work Phone:	Cell Phone:				
How did you hear about us?:						
\$30 Registration Fee paid via	: Cash Check Credit Card	Email:				
Policy Signed?: Yes	No		Payment Option:			
	Parent 1 Information	Parent 1 Information Parent 2 Information				
Name:						
Home Phone:						
Employer:						
Work Phone:						
Cell Phone:						
	First Emergency Contact: Phone Number:					
Second Emergency Contact: Phone Number:						
Student Name:						
		C	77.			
Address:	City: State: Zip:					
Birth Date: Grade as of Fall 2017:						
Medical Information:						
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Please register my student for the following classes (must be filled out completely):						
Instructor	Instrument	Day	Time			