

**The Musicians Learning Center
Lesson Registration Form**

Contact Information

Date: _____

Student's Name: _____ Parent/Guardian Name: _____

Address: _____

City: _____ Zip Code: _____

Phone Numbers: _____ (home) _____ (cell) _____ (work)

Email: _____ Student's Birthday: _____

Student's School: _____

How did you hear about us: _____

Lesson Information

Instrument: _____ Teacher requested (if any): _____

Have you ever taken lessons before on your instrument? Yes _____ No _____

If yes, for how long _____

Please list your top three choices for your lesson day and time.

1. _____

2. _____

3. _____

Please list any emotional, behavioral, or physical challenges the teacher should be aware of to better facilitate the learning process.

Please read the lesson policies on the sheet attached to this form. By signing here, you are stating that you have read and agree to all the policies.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____