

Violin Class Registration Form

Student Name: _____ Date of Birth: _____

Street Address: _____

City & Zip code: _____

Parent/Guardian _____

Home Phone: _____ Cell Phone: _____

Email: _____

Previous musical experience: _____

Recommended Violin size (per Ms. Tanaka) _____

Payment: The cost for the 10 week session of violin lessons is \$100. Payment should be made directly to the school prior to the first lesson. Please make checks payable to the Enfield Montessori School.

Photo/Media Release: I hereby grant Hillary Dumond's the right to use the name and image of the student in all forms and in all media manners, for marketing, advertising, or other lawful purposes. The undersigned hereby waives any right to inspect or approve the finished versions before any such use.

Yes, I agree No, I disagree Initials _____

Your signature below denotes your understanding and acceptance of the above stated policies and conditions.

Signature _____ Date _____

