



Class Registration

(For private lessons or questions about classes, please call the studio.)

Date: _____

Child's Name: _____ Age: _____ Birthday: _____

Parent's Name (primary contact): _____

Parent's Email (primary contact): _____

Address: _____

City _____ Zip: _____

Phone contacts, including area code, in best order to call. Circle type of phone: **Home**, **Cell** or **Work**

1st Phone: () _____ H C W

2nd Phone: () _____ H C W

3rd Phone: () _____ H C W

Class Name and Time: _____

Circle Day: **M T W Th F S**

Do you have a second choice? _____

How did you hear about us? _____

Class tuition: \$ _____

Registration fee: \$ 25 **

Total enclosed: \$ _____

**A registration fee is required for a new student or students returning after an absence. It is waived for students who are continuously enrolled throughout the school year.

Mail registration and tuition to:

Musical Be**innings**

6607 West 80th Street

Westchester, CA 90045

Linda Silva, Director (310) 641-8518