



Enriching the musical life and culture of children

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REGISTRATION FORM

PLEASE READ LESSON POLICY AND FEE SCHEDULE, FILL ONE FORM OUT FOR EACH CHILD, SIGN AND DATE BELOW, AND THEN FAX TO 201-706-7907 OR MAIL TO MY MUSIC GARDEN, 107 GIFFORD AVENUE, JERSEY CITY, NJ 07304. YOU WILL RECEIVE AN EMAIL WITH THE INVOICE, WHICH YOU MAY PAY BY CHECK OR USING PAYPAL.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent #1 Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent #2 Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

List instrument(s) your child has studied and length of study: 1) \_\_\_\_\_
2) \_\_\_\_\_ 3) \_\_\_\_\_

Describe your child, including strengths, challenges, learning styles, musical experiences, tastes, etc. (use the back of the form if necessary)

\_\_\_\_\_
\_\_\_\_\_

My child is interested in: [ ] Piano Lessons [ ] Violin Lessons [ ] Other (specify) \_\_\_\_\_

Day/Time & Location Preferences:
1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

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I have read and understood "My Music Garden Lesson Policy" and "My Music Garden Fee Schedule" and I agree to the terms and conditions.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_