

ARTISAN MUSIC STUDIOS

Music and Movement Registration Form

PO Box 67492
Chestnut Hill, MA 02467
Phone 617-323-8818
Fax 617-507-3465

Please use a separate form for each student.

Payment must accompany this form to secure lesson time.

Today's Date _____

Where did you hear about us? Boston Parents' Paper Online Search Yellow Pages
 Shopper Referral

Other _____

Student Name _____ Home Phone _____

Home Address _____ Birth Date (for children) _____

City _____ Zip _____ School _____ Grade _____

1st Parent Name _____ 2nd Parent Name _____

1st Work Phone _____ 2nd Work Phone _____

In case of lesson cancellation, please first call: Home Work #1 Work #2

Billing Address (if different from above): _____

Returning student? Yes No

Are other family members currently enrolled at Artisan Music Studios? Yes No

If yes, name _____

Fees and Payment

Per Class Fee = _____ \$20

Registration & Materials Fee = _____ \$30

Number of Classes = _____

TOTAL DUE = _____

I am paying by: CC _____ (MC/VISA Only) Check # _____

**Please make check payable to: Artisan Music Studios
PO Box 67492
Chestnut Hill, MA 02467**

I have read and understand Artisan Music Studios' policies regarding payment, refunds and make-up lessons.
(See policy sheet) I agree to abide by these policies.

Signature _____