



**REGISTRATION FORM NEW STUDENTS**

Please fill out all information in each section and mail it along with a **\$30.00 registration fee per student to: The Magic of Music, PO Box 534, Delmar, NY 12054.** Scheduling is on the back. Please be sure that you have signed in both places.

**STUDIO POLICY**

**Studio Policy:** Tuition payments are due on the first of each month. A **\$5.00 late fee will be charged after the 8th of the month. If payment is not received by the 10th of the month, a student will not be allowed to continue lessons until payment is received.**

**Lesson Termination:** Two weeks' notice is requested by the studio.

**Missed Lesson:** Refunds will not be given for missed lessons. **Two make-up lessons** will be allowed per student for absences caused by illness or death in the family with the requirement that the teacher receive advanced notice. Teacher absences must be made-up.

→ **Parent's signature** \_\_\_\_\_

**Part I: Student Information (Please print)**

Name of Student #1 \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_ Grade in fall \_\_\_ Name  
of Student #2 \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Grade in fall  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parents' Names \_\_\_\_\_  
Home Phone \_\_\_\_\_ (Work)Father \_\_\_\_\_ (Work)Mother \_\_\_\_\_  
Email \_\_\_\_\_ (Cell) Father \_\_\_\_\_ (Cell) Mother \_\_\_\_\_  
Does your child(ren) have any instrumental/vocal experience? \_\_\_\_\_ If yes, how many years? \_\_\_\_\_  
Does your child(ren) have any medical condition that we need to know about? \_\_\_\_\_  
Person to call in emergency \_\_\_\_\_ Phone \_\_\_\_\_

**PART II: PROGRAM SELECTION - Please select the length of your lesson(s) and then the instrument(s).**

Private lessons for	Instrument(s)		
_____ 30 minutes	_____ Piano	_____ Cello	_____ Saxophone
_____ 45 minutes	_____ Voice	_____ Guitar	_____ Trumpet
_____ 60 minutes	_____ Violin	_____ Flute	_____ Trombone
	_____ Viola	_____ Clarinet	_____ Drums

**PART III: SCHEDULING FOR FALL**

Please review the enclosed teacher schedule and select time blocks and days that you would prefer your lessons. Two children can study with different teachers at the same time! Please make a note if this is what you would like to do. Please do not choose a specific time like “4:00”. We already have over 125 students registered for all and chances are we will not be able to grant such requests. Time blocks such as 4:00-7:00 are more helpful in scheduling. “Earlier” or “Later” will also help! **Please complete ALL questions!!**  
**(Read through all first!)**

Choice 1: \_\_\_\_\_ at \_\_\_\_\_  
(Day) (Time Blocks)

Choice 2: \_\_\_\_\_ at \_\_\_\_\_

Choice 3: \_\_\_\_\_ at \_\_\_\_\_

Choice 4: \_\_\_\_\_ at \_\_\_\_\_

Choice 5: \_\_\_\_\_ at \_\_\_\_\_

Questions? Call Margarita, Director, at 518-475-0215 or 518-452-8427.

Please mail this form along with \$30.00 fee per student to

**The Magic of Music, PO Box 534, Delmar, NY 12054.**

✓ Signed \_\_\_\_\_ Amount enclosed \$ \_\_\_\_\_

How did you hear about us?

Friend

Sign around town

Sign in front of studio

Internet

Other. Please specify. \_\_\_\_\_