



1131 Rt 55, Suite 2B
LaGrangeville, NY 12540
845-452-8528 x 130 kcross@pemusic.com

REGISTRATION FORM

Please check one:

- Re-Enrollment (*continuing students*):** Current students enrolling for another school year. **\$35.00 Registration**
- New Fall Student:** New student enrolling for the first time
(includes "summer special" students) **\$35.00 Registration plus materials per brochure.**
- New Spring Student:** New student enrolling for the first time. **\$35.00 Registration plus materials per brochure.**
- Summer Student:** Any student enrolling in a new or current summer class. **No Registration Fee plus applicable tuition.**
(Registration Fee is charged upon School year enrollment. Students are considered "New" until registration payment is made.)

PLEASE PRINT: Student name should be written as you would like it to appear on any concert/recital programs.

Student's Name: _____ Date of Birth: _____ Age: _____ Grade: _____

Parent Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Alternative Phones (please indicate Mom, Dad, or other): _____

Parent Email: _____ Prior Experience: _____

How did you hear about us?: _____

REQUESTED LESSON INFORMATION: Course Name: _____

Day: _____ Time: _____ Teacher: _____

Please indicate alternative day/time choices here: _____

PAYMENT PLAN (check one): 2 Payments Monthly Installment

Enclosed is my check in the amount of: _____ Please charge my credit card below in the amount of: _____

Credit Card # _____ Exp Date: _____ CCV: _____

_____ Please automatically run credit card for the term as listed in brochure and/or policy

_____ I have received a copy of the school policy or current brochure that applies and understand my obligation when I enroll myself or my child by submitting this form.

Signature: _____ Today's Date: _____

Print Name: _____



For Office Use Only: Amt Pd: _____ Check # or CC Type: _____ Rec'd on: _____ By: _____
Year: List Entered Billed Class# _____ Notes: _____