



1131 Rt 55, Suite 2B
LaGrangeville, NY 12540
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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: _____

Alternative Phones (please indicate Mom, Dad, etc): _____

Address: _____ City: _____ Zip: _____

Parent Email: _____ Prior Experience: _____

How did you hear about us?: _____

REQUESTED LESSON INFORMATION:

Lesson Day:

Lesson Time:

Please indicate alternative day/time choices here: _____

PAYMENT PLAN (check one): ☐ 2 Payments (Fall only) ☐ Monthly Installment ☐ Single Payment

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: _____