



Piano Registration: \$45.00

Student Name: _____ D.O.B. _____ Phone: _____

Address: _____ City: _____ Zip: _____

School: _____ Grade: _____ e-mail: _____

FATHER'S INFORMATION

Father's Name: _____ Tel: (W) _____ (H) _____

Cell Phone: _____ E mail: _____

Father's address: _____ City: _____ Zip: _____

MOTHER'S INFORMATION

Mother's Name: _____ Tel: (W) _____ (H) _____

Mother's address: _____ City: _____ Zip: _____

Cell Phone: _____ E mail: _____

Private & Group Instruction
Mon. - Fri. (2:00-7:00pm) Sat. (9:00 – 12:00)
(home schooled students and adult lessons available during the day)

Lesson Length: _____ 45 min. _____ 60 min Group Lesson : _____ 60 min.

1st Choice: Day _____ Time: _____

2nd Choice: Day _____ Time: _____

3rd Choice: Day _____ Time: _____

I have read the policies of the Music Workshop of Concord and agree to their terms. Furthermore, I understand that I am under an obligation to pay for a full term of lessons upon signing this form.

Signature (must be at least 18 years of age)

Date:

Mail to: Cheryl Laughlin * 64 Dunklee St. * Concord, NH * 03301 * 226-0690
cherylmlaughlin@gmail.com