



## 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](mailto:cherylmlaughlin@gmail.com)

