



**REGISTRATION 2010 – 2011**

**Amherst Red Barn Music School**

409 Main St Ste 19, Amherst, MA 01002 (413) 256-8899

SEMESTER

- Fall       Winter
- Spring     Summer

**STUDENT INFORMATION**

**New** (please fill in all blanks)     **Returning** (names only)

Name	Age	<b>Today's Date</b>
School	Grade	DOB

**PARENT INFORMATION**

Parent/Guardian #1	Phone #1
Parent/Guardian #2	Phone #2
Street Address	Home Phone
Town, ST, Zip	Email

**LESSONS**

Teacher	Phone
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Day & Time	Lessons Start Date	No. Lessons	Rate	\$ Tuition
			Payment Plan (add \$25)	

**PAYMENT INFORMATION**

<input type="checkbox"/> In Full <input type="checkbox"/> Deposit <input type="checkbox"/> Payment plan (divide Total Due by ___)	Amount Recieved	
Check# _____ (payable to <u>TEACHER</u> )	Balance Due	\$ _____

**REGISTRATION**

Due after the fourth week of study. Please make your check for \$20 payable to "Red Barn Music".

Received (please initial) X \_\_\_\_\_

**AGREEMENT**

I have read and understand the policies and procedures of the Red Barn Music School and I promise to make room in my life for the study of music and agree to play in the recital at the end of the semester.

\_\_\_\_\_  
Signed - Parent

\_\_\_\_\_  
Signed - Student

I give permission to use pictures for publicity and website purposes. (Please initial) \_\_\_\_\_