



REGISTRATION FORM

Form Updated: 6-02-2008

www.marylandacademyofmusic.com

(410) 997-8388, x103
Fax: (410) 997-8322

Please Print Clearly

Name of Student: _____ Date of Birth: _____

Name(s) of Parent(s) (if applicable): _____

Email Address: _____ @ _____

Address: _____

Phone Numbers

Cell: _____ Home: _____ Work: _____

How did you hear about us? _____

Instrument: _____ Are you/your child a beginner? Y N

If the student has studied music previously, please describe briefly:

Please indicate your specific goals and/or motivation for studying music:

Please indicate any special needs the student may have:

Please circle a *preferred lesson length: 60 min. 45 min. * 30 min.

(*Note: 30-minute lessons are only for children under 10 years of age studying piano or guitar, and some teachers have specific requirements for minimum lesson durations.)

Please select which days/times best fit your schedule:

Select your preferred lesson days: I/my child can start as early as: And finish as late as:

- | | | |
|------------------------------------|-------|-------|
| <input type="checkbox"/> Monday | Time: | Time: |
| <input type="checkbox"/> Tuesday | Time: | Time: |
| <input type="checkbox"/> Wednesday | Time: | Time: |
| <input type="checkbox"/> Thursday | Time: | Time: |
| <input type="checkbox"/> Friday | Time: | Time: |
| <input type="checkbox"/> Saturday | Time: | Time: |
| <input type="checkbox"/> Sunday | Time: | Time: |