

Kanackschool@gmail.com  
(585) 244-6910

# KANACK SCHOOL OF MUSICAL ARTISTRY

www.kanackschoolofmusic.com

2077 South Clinton Avenue  
Rochester, New York 14618

## Private Lesson Registration Form

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
(First and Last) (Or Adult)

Parent Names \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail(s) \_\_\_\_\_

Phone:  Home \_\_\_\_\_  Work \_\_\_\_\_  
(check preferred #)  Cell \_\_\_\_\_

Student's Instrument \_\_\_\_\_  
1<sup>st</sup> Choice of Teacher \_\_\_\_\_  
2<sup>nd</sup> Choice of Teacher \_\_\_\_\_  
Length of Lesson \_\_\_\_\_  
1<sup>st</sup> Choice of Day and Time \_\_\_\_\_  
\_\_\_\_\_  
2<sup>nd</sup> Choice of Day and Time \_\_\_\_\_  
\_\_\_\_\_

If registering for lessons on a second instrument  
Second Instrument \_\_\_\_\_  
1<sup>st</sup> Choice of Teacher \_\_\_\_\_  
2<sup>nd</sup> Choice of Teacher \_\_\_\_\_  
Length of Lesson \_\_\_\_\_  
1<sup>st</sup> Choice of Day and Time \_\_\_\_\_  
\_\_\_\_\_  
2<sup>nd</sup> Choice of Day and Time \_\_\_\_\_  
\_\_\_\_\_

	1 lesson	2 <sup>nd</sup> lesson
½ hour lessons, qtr./full year \$279/\$1,116	_____	_____
¾ hour lessons, qtr./full year \$414/\$1,656	_____	_____
1 hour lessons, qtr./full year \$549/\$2,196	_____	_____
Annual Recital Fee only \$20 (per student)	_____	Checks, cash, money orders, and credit cards accepted.
Annual Registration Fee only \$25 (per family)	_____	
Donation to the Eric Levy Scholarship fund (tax deductible)	_____	
Donation to Creative Ability Development, Inc. (tax deductible)	_____	
<b>Total Cost</b>	_____	

I will be completing a Financial Aid Application

How did you hear about us? \_\_\_\_\_

Parents' occupations \_\_\_\_\_

Are you interested in being part of our Parent Committee?  Yes  No

I authorize photos/videos of the student listed above to be used only for teaching and/or advertising for The Kanack School of Musical Artistry.  Yes  No

I certify that the information in the is form is accurate to the best of my knowledge and agree to pay the Total Cost stated above according to the payment policies of KSMA.

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(office use only).....updated 3/18