

STUDENT NAME: _____ DOB: _____ AGE: _____
If you are registering multiple students, you can put contact info on just the first student's form. (or adult)

PARENTS/GUARDIANS (Name/Occupation): _____

MAILING ADDRESS: _____

PRIMARY PHONE: _____ ALTERNATE PHONE: _____
 HOME CELL WORK HOME CELL WORK

EMAIL: _____

FIRST INSTRUMENT: _____

TEACHER: _____

LENGTH OF LESSON: 30 min. 45 min. 60 min.

AVAILABILITY: _____

SECOND INSTRUMENT: _____

TEACHER: _____

LENGTH OF LESSON: 30 min. 45 min. 60 min.

AVAILABILITY: _____

30 Minute Lesson (Quarter/Full Year): \$279/\$1,116

Lesson 1 _____ Lesson 2 _____

45 Minute Lesson (Quarter/Full Year): \$414/\$1,656

Lesson 1 _____ Lesson 2 _____

60 Minute Lesson (Quarter/Full Year): \$549/\$2,196

Lesson 1 _____ Lesson 2 _____

TOTAL LESSONS (Lesson 1 and Lesson 2): _____

ANNUAL Recital Fee (per STUDENT): \$20

ANNUAL Registration Fee (per FAMILY): \$25

TAX-DEDUCTIBLE DONATIONS:

Eric Levy Scholarship Fund

Creative Ability Development, Inc.

TOTAL DUE: _____

I will be applying for Financial Aid.

I would like to receive a paper bill.

CASH, CHECK, CREDIT CARD, AND MONEY ORDERS ACCEPTED. (check preferred)

PHOTO/VIDEO RELEASE: I authorize photographs/videos of the student identified above to be used solely for teaching and/or advertising for The Kanack School of Musical Artistry.

YES (signature) _____
 NO

How did you hear about us? _____
(Please include a name if able.)

- I would like to be part of the Parent Committee.
- I certify that the information above is accurate to the best of my knowledge.
- I agree to pay the TOTAL DUE listed above according to the payment policies of KSMA.