



Maestro Music Centre

Registration Form

Student full name		Date of Birth/ Age
Parents full name	Mother	Father Legal Guardian
Address		
Contact email		
Home phone	Cell phone	
Please choose:		
a. Private Lesson		b. Group Theory Lesson
Do you have an instrument?	Yes	No
Preferred day and time		
Number of lessons per week	Beginning date	
How did you find out about our school?		
a. Online	c. Street Sign	
b. Friend	d. Other Please specify _____	
Do you give permission to take pictures of your children at performances?		
Yes		No
Comments:		