

Registration Form

Registration Form for Rural Notes Music Services

Name of Student		Parents/Guardians	
PROGRAM REGISTRATION	MUSICAL LEVEL STUDIED	BIRTHDATE: YEAR,MON,DAY	
Telephone Number	Cell Phone Number	email address	
Mailing Address		Health Alerts such as allergies	
Below To Be Completed By Teacher			
STUDENT FEES (DUE ON THE 1ST OF EACH MONTH)			
PAYABLE TO IDA EDWARDS OR E-TRASFER TO IDAJKEDWARDS@GMAIL.COM			
SEPTEMBER		OCTOBER	NOVEMBER
DECEMBER		JANUARY	FEBRUARY
MARCH		APRIL	MAY
NOTES			
PARENTS/GUARDIANS SIGNATURE		REGISTRATION DATE	
		CLASS SCHEDULE	