

Roxbury Community School
Applied Private Music Lesson Program
Registration Form – Voice Lessons 2011-2012

* Please fill out this form and return to Ms. Lynch at the High School

Student Name: _____ Grade: _____
Last First

Parent / Guardian Name: _____

Address: _____
Number Street Apartment #

_____ Home Phone: _____
City State Zip

Parent/Guardian Work #: _____ Cell #: _____

Parent/Guardian E-mail Address: _____

Applied Music Staff:

Mr. Daniel Arnold	Ms. Laura Kiburz	Mr. Dan Salyerds
Mr. Patrick Hachey	Mr. Daniel King	Mr. Nicholas Schumacher
Ms. Jessica Harrison	Ms. Christine Molnar	Ms. Sandy Taylor

Instructor Preference – First Choice

Day-Time Slot First Choice

Instructor Preference – Second Choice

Day-Time Slot Second Choice

I give permission for my son/daughter _____ to participate in the Roxbury Community School Applied Music Lesson Program.

 Parent/Guardian Signature

 Date

Please attach a check or fill out the credit card information for the yearly processing fee. You will be e-mailed a coupon booklet from the Roxbury Community School for monthly lesson payments. Lessons are \$24.00 per half hour.

Please enclose Annual Processing fee.....\$20.00

_____ Attached please find my check for \$20.00 made out to the Roxbury Community School.

_____ Please bill my Visa/Mastercard in the amount of \$20.00

 Credit Card Number

 Exp. Date

 Cardholder's Signature

_____ I wish to have the above credit card charged for applied music instructions on a monthly basis. Please sign to authorize the Community School to process these charges. _____

Signature Authorizing Monthly Charges

For Office Use: **Day of Week:** _____ **Instructor:** _____

Date Lessons are Scheduled to Begin: _____ **Time:** _____