



THE MUSIC ACADEMY

2790 W. College Avenue - Suite #7
State College, Pennsylvania 16801
phone: 814 238-3451 | email: info@scmusicacademy.org

REGISTRATION FORM

Please complete and return

Date: _____

REGISTRATION INFORMATION

Student Type: <input type="checkbox"/> NEW STUDENT <input type="checkbox"/> RETURNING STUDENT*	Private Lesson Duration**: <input type="checkbox"/> 30 Mins <input type="checkbox"/> 45 Mins <input type="checkbox"/> 60 Mins
*If returning student, please indicate name of instructor:	
**Private/Group Lesson for which you are enrolling (<i>instrument/voice</i>):	

CONTACT INFORMATION

Student Name:	Age (if under 18):
Local Address:	<input type="checkbox"/> Male <input type="checkbox"/> Female
City/State/Zip:	
Home Phone:	Cell Phone:

RESPONSIBLE FOR BILLING (N/A for Adult Students)

Mother's/Guardian's Name:	Father's/Guardian's Name:
Address same as above? <input type="checkbox"/> Yes <input type="checkbox"/> No*	
If NO, please provide alternative address:	
City/State/ZIP:	
Mother's/Guardian's Place of Work:	Mother's/Guardian's Work Phone:
Father's/Guardian's Place of Work:	Father's/Guardian's Work Phone:
Email Address:	

EMERGENCY INFORMATION (N/A for Adult Students)

Emergency Contact Person:	
Phone:	Relationship to Student:

PREVIOUS MUSIC STUDIES

List Previous Instruction:	Number of Years of Previous Instruction:
Name of Previous Teacher(s):	

HOW DID YOU LEARN ABOUT THE MUSIC ACADEMY?

- Friend/Neighbor/Family Newspaper Public Radio Former Student (referral)
 Previously Studied at TMA Website Facebook Other, please specify: _____

PERMISSIONS

- I give permission for my child/myself to be photographed and identified by name. These photos would be used only in promotional materials and the website of The Music Academy.
 I give permission for my child/myself to be photographed but not identified.
 Please do not include me/my child in promotional photos for The Music Academy.

By signing this form, I acknowledge that I have read and agreed to the terms and conditions specified in the Music Academy Policy Statement. My signature also constitutes confirmation that I am responsible for remitting payment to TMA following the selected payment option:

- Option 1: Full Payment Option 2: Three Payment Option (Due Every 6 Weeks).

Name

Date