



Elefante Music & School for the Performing Arts Registration Fall 2017

Student Name: _____	Parent/Guardian: _____		
Birth Date: ____/____/____ (mm) (dd) (yyyy)			
Grade: Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12 Adult (please circle child's grade for 2017-2018 school year)			
Address: _____	City: _____	State: _____	Zip: _____
Home Phone: (____) _____			
Business Phone: (____) _____			
Cell Phone: (____) _____		E-Mail: _____	

Previous instrumental music, voice, acting, or dance experience? If so, please indicate for how long:

Please list any previous performance experience:

Medical or emotional issues that you would like to make us aware of:

How did you hear about us?

I agree to allow Elefante Music & School for the Performing Arts to use photographic images and sound bytes of my child for promotional material.

Signature: _____
Signature of Student or Parent/Guardian if Student is less than 18 yrs.)

Date ____/____/____ *(Authorized*
(mm) (dd) (yyyy)



Class Name	Day/ Time	Price
	Registration fee (waived for returning students)	\$25.00
Total Due		

Billing Information:

Payment Method: Visa MasterCard Discover Check: # _____ Cash

Card Holder Name: _____

Credit Card Info: Account #: _____

Exp Date: _____ / _____
(mm) (yyyy)

Signature: _____
(Authorized Signature of Student or Parent/Guardian if Student is less than 18 yrs.)

Date _____ / _____ / _____
(mm) (dd) (yyyy)

You can EITHER: mail in the completed form; scan it (or take a clear cell phone photo of it) and email it to karen@elefantemusic.com; drop it by in person; or call Karen -- (908) 464 5928 -- and we can fill it out together over the phone.