

Elefante Music & School for the Performing Arts The NJ Jazz Academy Fall 2018 Registration

Student Name:	Parent/Guardian:
Birth Date:///////	Account #
Grade: Pre-K K 1 2 3 4 5 6 7 8 9 1 (please circle child's grade for 2017-2018 school year)	0 11 12 Adult
Address:City:_	StateZip
Home Phone: ()	
BusinessPhone: ()	
Cell Phone: () E	-Mail

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

How long have you been playing jazz:

We will use your cell phone number as an emergency contact. If you wish to provide an additional emergency contact number, please list it below:

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

Please have your private or public school music teacher send a recommendation email to
cj@elefantemusic.com.

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:

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

Date	1	/	1		
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Elefante Music & School for the Performing Arts (908) 464-5928 1790 Springfield Ave. New Providence, NJ 07974 www.elefantemusic.com



Class Name	Day/ Time	Price
NJ Jazz Academy at Elefante Music	Thursdays, Nov. 29- Feb. 7 7:15-8:30 (no class 12/27)	\$250
	Registration fee (waived for families with any student previously enrolled in either private lessons or group classes held at our New Providence location)	\$25.00
	Total Due	

Billing Information:						
Payment Metho	od: 🗆 Visa	□ MasterCard	Discover	Check: #	Cash	
	Card Holde	er Name:				
Credit Card	Info: Account	t #:			_ Exp Date: _	/ (mm) (yyyy)
Signature: (Aut	horized Signature of	Student or Parent/Guardi	an if Student is less tha	n 18 yrs.)	Date//	/

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

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