

Elefante Music & School for the Performing Arts Registration Fall 2019

Student Name:	Parent/Guardian:	
Birth Date://)	
Grade: Pre-K K 1 2 3 4 (please circle child's grade for 2019-2020 s	5 6 7 8 9 10 11 12 Ad	ult
Address:	City:	State Zip
Home Phone: ()_		
BusinessPhone: ()_		
	 E-Mail	
Previous instrumental music, vo		e? If so, please indicate for how long:
We will use your cell phone nur emergency contact number, ple		f you wish to provide an additional
Medical or emotional issues that or similar device for allergies, p		re of. If your child carries an EPI-PEN
How did you hear about us?		
I agree to allow Elefante Music sound bytes of my child for pro		s to use photographic images and
Signature: (Authorized Signature of Student or Parent/Guard	dian if Student is less than 18 yrs.)	Date//



		Registration	n fee (waived fo	r families		\$25.00	
		either priva	udent previously te lessons or gr	oup classes			
		held at our	New Providence	∍ location)			
		Total Du	е				
		F	Billing Infor	mation:			
yment Method:	□ Visa □ N	/lasterCard	□ Discover		□ Check: #		□ Cash
Car	d Holder Name	ə:					
Cradit Card Infa	Account #					Eve Data	1
Credit Card Info:	Account #					Exp Date:	(mm) (yyyy)
					Dit	,	
gnature: (Authorized S	Signature of Student or	Parent/Guardian	if Student is less th	an 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 karen@elefantemusic.com; drop it by in person; or call Karen -- (908) 464 5928 -- and we can fill it out together over the phone.