Family / Student Registration



Date	KEYSTONE MUSICAL ARTS CENTER
Info for:	
Name(s)	
Phone (cell)	
Email	<u> </u>
Address	Adult Students – List teacher and lesson day/time
Place(s) of employment &/or occupations:	
Optional, but this information is helpful for things like plant individuals with specific knowledge.	ning programs for local businesses or when we need advice from
How did you hear about KMAC?	
Student info	
Name	KMAC Teacher
Email	_
Date of Birth Age	Instrument/Voice
School Grade	Lesson day & time
List other things we should know – allergies, special needs Use back of form if more space is needed	, etc.:
Musical Background / Interests / Goals:	
* For additional students, please use Student Only Registrat	ion Form
By signing below, I (we) agree to abide by KMAC's Lesson Policy and further detailed on our website.	s policies and procedures as outlined on our Private
Parent / Guardian / Adult Student	Additional Parent / Guardian (optional)