

SOUND FACTORY MUSIC SCHOOL  
Registration Form

**Parent/Billing Information**

Parent or Legal Guardian(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Student Information**

First Name(s): \_\_\_\_\_ Last Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(mm/dd/yyyy)

Does this student have any health concerns or special needs that should be taken into consideration? Y \_\_\_\_\_ N \_\_\_\_\_  
(If yes, please list them along with any special instructions we might require)

\_\_\_\_\_

Lesson Start Date: \_\_\_\_\_

**Authorization**

Registration and enrollment is subject to the standard policies of the Sound Factory Music School. Please ensure that you have obtained and reviewed a copy of this document prior to registering for classes.

I have read and agree in full with the policies of The Sound Factory Music School, including but not limited to the policies governing registration, scheduling, and payment/non-payment. I understand that the Sound Factory Music School may require a credit card to reserve my time slot, and that my credit card information may be kept on file for the purposes indicated in the General Policy of the Sound Factory Music School. I consent that my signature on this document hereby authorizes the Sound Factory Music School to charge my card for the full amount due for the current, or any subsequent term for which I am registered, and/or until my balance owing has been paid in full as per the conditions and in accordance with the general policy of the Sound Factory Music School.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_