

Registration Form for Private Lessons
Ms. Jennifer Conrad Proulx

Student's Last Name _____ First Name _____

Date of Birth _____ Age _____

Home Phone _____ Email Address _____

Home address _____

Emergency Contact Name: _____

Emergency Contact Phone Number _____

For Non-Adult Students:

Current School _____ Current Grade _____

Parent/Guardian Name: _____

Address and Phone Number
(If different than above) _____

Private Lesson Information

I would like to provide you with the best musical experience possible. To help me do that, please answer the following questions.

Why do you want to study music and what would you like to accomplish and hope to learn?

How many years of previous study have you had? _____
Where? _____

What other forms of instruments have you studied? And for how long?

How did you hear about my studio? _____

Please list any handicaps, allergies, disabilities or chronic illnesses that may affect study: _____

I have read and agreed to abide by the policies and procedures laid out on the voice studio syllabus: _____ *Date:* _____