

- Please return this enrollment form AT YOUR FIRST LESSON!!
- Please include your Registration Fee

2019/2020 Adult/Parental Agreement to Terms

I have read the Brooks Music Studio Policy and agree to abide by all the terms and conditions in that document.

Agreed and consented to by:

Signature of financially responsible party

Date

Enrollment

Please list names of all you wish to enroll.

Student Name

Age

Student Name

Age

Student Name

Age

PLEASE LIST ANY KNOWN ALLERGIES: _____

Do you give permission to post you or your child's d\ ctc 'UbX' audio or video recordings as stated in this policy?

Yes No

Please update the following information for me: There are no changes

Phone - Preferred contact number:

Alternate number:

Parent's Email:

Student's Email:

Student's Cell:

Home address: