

# The Village School

## *Performing Arts Program*

### Registration Form

Student's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Area of Interest: \_\_\_\_\_ Music  
\_\_\_\_\_ Instrument (Specify) \_\_\_\_\_  
\_\_\_\_\_ Theory  
\_\_\_\_\_ Early Childhood (Pre-School)  
\_\_\_\_\_ Dance  
\_\_\_\_\_ Style \_\_\_\_\_  
\_\_\_\_\_ Drama

Date of Birth: \_\_\_\_\_

School/Grade Level: \_\_\_\_\_

Name of School Teacher: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Parents' Cell Numbers: \_\_\_\_\_

Any Instruments Student Plays: \_\_\_\_\_

Any Instruments Parents Play: \_\_\_\_\_

Preferred Lesson Time: \_\_\_\_\_

**I ACKNOWLEDGE AND AGREE TO THE PROGRAM REQUIREMENTS AND WILL BE RESPONSIBLE FOR ALL FEES.**

\_\_\_\_\_  
Printed Name Parent/Guardian

\_\_\_\_\_  
Signature Parent/Guardian and Date

Office Use: Form \_\_\_\_\_

Registration Fee \_\_\_\_\_

Tuition \_\_\_\_\_