

LEASIDE MUSIC STUDIO
Registration Form 2011/12

Child's name _____

D.O.B. month _____ day _____ year _____

Parent's name _____ email _____

Home Phone _____ Work _____

Mailing Address _____ Postal Code _____

Emergency Phone _____ Name/Relation _____

Program _____ Date _____ Time _____

2nd choice _____ 3rd choice _____

Attending Adult/Relation _____