



REGISTRATION FORM

TERM: Fall Semester	Spring Semester	Su	ımmer	(check one)		
STUDENT INFORMATI	Date:					
					New/Returning (circle one)	
Last Name	First f	lame	M.	l.		
Street		City		Zip		
E-mail Address		Home Pho	ne Number	Cell Phone	Number	
Parents' Names (for school-age students)		School Attending /Current Grade (if applicable)				
Emergency Contact Name		Emergency Phone Number				
How Did You Learn About Nazaret	Date of Birt	Date of Birth: MM / DD / YY				
Previous Music Study						
REGISTRATION Registrant is responsible for understand a separate registration form for each less	ing and complying with the policie	ON				
		_	If registering for less than full term: Lesson Number of Rate per			
Instrument/Course	Instructor	Lesson length		lesson	Tuition	
			(@ \$	\$	
Please enclose a check, pay Nazareth College-CMP		Regist	Registration Fee			
Return to:			Total Amount Due		\$	
Nazareth College Department of Music			Amou	Amount Paid		
4245 East Avenue Rochester NY 14618-379		Amou	Amount Due \$			