

CHERYL MOYA MUSIC STUDIO

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# REGISTRATION FORM

## Fall-Spring

St. Ann/Choirchimes(Voice) ( ) Vocal Coaching/Accompanying ( ) Pianoforte ( )

Voice ( ) Ear Training/Sight Singing ( ) Music Theory ( )

Student Name \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last Name First Name Birthday mo. day year

Student Street Address \_\_\_\_\_ / \_\_\_\_\_  
City State Zip Grade

Father/Guardian ( ) \_\_\_\_\_  
Cell Phone Number of Father/Guardian Email Address w/correct punctuation

Work Phone Number of Father/Guardian Employer ( ) \_\_\_\_\_

Mother/Guardian ( ) \_\_\_\_\_  
Cell Phone Number of Mother/Guardian Email Address w/correct punctuation

Work Phone Number of Mother/Guardian Employer

Does Student have allergies? \_\_\_\_\_

Please list including Foods

Day and Time of Lesson/Music Club \_\_\_\_\_

Other Than Parents/Guardians; Who may your child be released to at the time of lesson or Club dismissal?

\_\_\_\_\_ ( ) \_\_\_\_\_  
Name Cell Phone Number

\_\_\_\_\_ ( ) \_\_\_\_\_  
Name Cell Phone Number