

The Music Academy
3091 Enterprise Drive State College, PA 16801
814 238-3451
info@scmusicacademy.org

Summer Camp 2010
REGISTRATION FORM

Date _____

Contact Information

Student Name _____ Student's Age _____
Local Address _____ Female or Male
street address
_____ Home phone _____
city state zip Cell phone _____

Responsible For Billing
(Non-applicable for Adult Students)

Mother's name _____ Father's name _____ Address same as above? Yes ___ No * ___
Mother's work phone _____ email address _____ Mother's employer _____
Father's work phone _____ email address _____ Father's employer _____
* alternative mailing address _____

Emergency Information

Emergency contact person _____ Phone _____ Relationship to student _____

Musical Study

Indicate the NAME/S of the CAMP/S you are enrolling in _____ **Teacher** _____
_____ **Teacher** _____

Indicate the DATES of the CAMP/S you are enrolling in _____

Cost of CAMP/S _____ (Please include check made to The Music Academy to secure your registration)

Are you a ___ new or ___ experienced student? Number of years of instruction _____ Instrument/s? _____

Check one: beginner ___ intermediate ___ advanced _____

If you are a returning student, name of previous teacher _____

How did you learn about The Music Academy? Friend/Neighbor/Family ___ Studied here before ___ Newspaper ___
Website ___ School ___ Summer Camp Fair ___ Other/Please name _____

I understand that _____ is enrolling for _____ Summer Camp/s
I HAVE READ AND AGREE TO THE ENROLLMENT POLICIES OF THE MUSIC ACADEMY.

PARENT'S SIGNATURE _____ **DATE** _____