Student Information Form

Early Childood Music Group Classes

Child's Name _____

Age/ Birthdate _____

Parents Names _____

Address _____

Telephone: Home _____ Work/Cell _____

E-Mail _____

Nursery School or Day Care (if applicable) _____

Favorite Activities _____

Parents' Musical Preferences (classical, jazz, etc) _____

Names and Ages of Siblings _____

Musical Background in the Family _____

Allergies _____

How did you hear about us? _____

Today's Date _____

We are interested in (check all that apply):
___Baby and the Beat (6-16 mos)
___YOUR-rhythmics (16 mos –2 yrs)
___Pre-School Music and Art (2 ½-4 yrs)
___Instrument Making (3-4 ½)
___Meet the Composer (4-6) (Friday 4 PM)

Availability AM:
Mon ___9:00 ___10:00___11:00
Tues___9:00 ___10:00___11:00
Wed___9:00 ___10:00___11:00
Thur___9:00 ___10:00___11:00
Fri____9:00 ___10:00___11:00___4

Schedule Comments _____

_____

Please return completed form to 435 E. Lancaster Ave, #215 St. Davids, Pa 19087
Questions? Call Laura 610-688-3335