



REGISTRATION FORM

Circle Session: **Fall** **Winter** **Spring** **Summer**

Student's name: _____

Date of Birth: ____/____/____ Age _____ Instrument _____

Group or Private

Parent's Name(s): _____, _____

Address: _____

Phone (home): _____ (work): _____ (cell): _____

Email: _____

Please indicate your class choices

	Day of Week	Time	Tuition
1st Choice			
2nd Choice			

Total Due: _____

Please make your check payable to Rainbow School of Music, LLC

Please mail to:
111 S. Mahwah Road, Mahwah NJ 07430
or bring to your first class.