

# Registration Form

To enroll, give us a call or detach and return this registration form to: The Piano Lab, PO Box 484, Sauquoit, NY 13456

Parent Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Hm. Phone \_\_\_\_\_ Wk. or Cell Phone \_\_\_\_\_  
(street or P.O. Box)  
\_\_\_\_\_  
(city) (zip code) E-Mail Address \_\_\_\_\_  
(we use email to send schedules, updates and important information about classes)

Please check here if this is a recent change of address.

1<sup>st</sup> Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Instrument: *Piano Voice Guitar* Studio: Chadwicks Marcy Clinton Sauquoit

Day/Time: 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ Lesson Length \_\_\_\_\_

2<sup>nd</sup> Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Instrument: *Piano Voice Guitar* Studio: Chadwicks Marcy Clinton Sauquoit

Day/Time: 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ Lesson Length \_\_\_\_\_

I have read, understand, and agree to the enclosed policy statement. Enclosed is \$ \_\_\_\_\_  
(\$20.00 per student non-refundable registration fee). Check, Cash, Master Card, Discover, or  
Visa accepted. Please make checks payable & mail to: The Piano Lab, PO BOX 484, Sauquoit, NY  
13456

## PAYMENT PLANS -

\_\_\_\_\_ monthly payments (credit card only)

\_\_\_\_\_ 3 payments (credit card, or check secured by credit card)

\_\_\_\_\_ pay in full

credit card: circle: MC VISA DISCOVER

Acct # \_\_\_\_\_ exp. Date \_\_\_\_\_

Amt. Authorized \_\_\_\_\_ 3 digit code (final 3 digits on back of card) \_\_\_\_\_

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_  
Email: [Jspianolab@aol.com](mailto:Jspianolab@aol.com) Web address: [www.jspianolab.com](http://www.jspianolab.com) Phone #315-737-7498

## 2011 LESSON TIME SCHEDULE

We will honor requests in the order we receive them, so please return this form as soon as you can.

Student(s) Name(s) \_\_\_\_\_

Studio Location (circle one) Sauquoit, Chadwicks, Clinton, Marcy

**PLEASE MARK AT LEAST 3 CHOICES, IN ORDER OF PREFERENCE.**

It would be helpful to include more than 1 day in your choices, if at all possible.

1. Same Time (please list your current time): \_\_\_\_\_
2. New Time Request \_\_\_\_\_
3. Alternate New Time Request \_\_\_\_\_

Please schedule my child(ren) for a 30 \_\_\_\_\_, 45 \_\_\_\_\_ 60 \_\_\_\_\_ minute lesson.

Instructor request \_\_\_\_\_

Note: An instructor may NOT be available on a time you requested. If you are not willing to change instructors, please indicate this. Every effort will be made to give you the instructor and time you request.