



10503 Redosier Ct. Bethesda, MD 20814 Phone: (301) 530-7757 Fax: (301) 530-6203  
www.musicaexpressions.com

### Student Registration Form

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

Age(s) \_\_\_\_\_ Birthday(s) \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

Billing Address (if different from above)  
\_\_\_\_\_

Mobile Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Do you text? Yes / No

Please indicate a range of lesson **starting times** and indicate your choices in order of preference. For example: 2 Monday 3:30 – 6 p.m. 1 Friday 4:00 - 5 p.m. 3 Saturday 1:00 – 4 p.m.

\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_

\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_

Instrument(s) \_\_\_\_\_

Preferred length of lesson (Please circle):      30 minutes      45 minutes      1 hour

*I have read the Student Policies and I understand their content fully.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail this form to: Musical Expressions, 10503 Redosier Ct. Bethesda, MD 20814, or Fax it to (301) 530-6203. Thank you.**