



# Studio Registration Form

Date: \_\_\_\_\_ Referred By: Website Teacher Friend Name: \_\_\_\_\_

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

Child Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employment: \_\_\_\_\_ Telephone/Work: \_\_\_\_\_

Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employment: \_\_\_\_\_ Telephone/Work: \_\_\_\_\_

Have you played or are you still playing an instrument(s)? If so, which one? \_\_\_\_\_

How long? \_\_\_\_\_

Who did you study with? \_\_\_\_\_

What type of music do you listen to? \_\_\_\_\_

Do you attend musical concerts? \_\_\_\_\_ If so, what kind? \_\_\_\_\_



Please tell us about your child and specific personality traits, qualities or strengths that you would like us to be aware of in class: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We encourage our students to establish a daily practice schedule with their parents that follows a plan and goal system. Are you prepared to schedule a few minutes a day to participate in Kindermusik @home digital materials? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tell us what you envision for your child musically: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tell us your preferred method of communication with our studio: Email / Phone / After Class

Other: \_\_\_\_\_

**WEBSITE USERNAME:** \_\_\_\_\_  
(Please pick a letter and number combo of six letters or more)

**WEBSITE PASSWORD:** \_\_\_\_\_  
(Please pick a letter and number combo of six letters or more)

Thank you for sharing your thoughts with us! Please complete and return this Registration form before leaving today.

We look forward to setting up Kindermusik lessons with you soon!  
Sincerely, Nicole Ballinger