



**PRIVATE CELLO LESSONS (ONGOING)
REGISTRATION FORM**

CONTACT INFORMATION

Date	Parent/Adult (s) Name (s):
Student Name	Telephone – H
Student Birth date	Telephone - C
Student Grade (if applicable)	Telephone - W
Address	*please indicate the best
City, State, Zip	number to contact you.
E-mail Address	
How you heard about Verve Studios?	

LESSON INFORMATION

Lesson length preference 45 minutes * recommended for beginner, younger players
 60 minutes * recommended for adults and serious students.

Day preference Monday Tuesday Wednesday* Thursday Friday*
*currently slots open on these days.

Time Preference 11 am-2 pm 2 pm-4 pm 4 pm-6 pm

Please note if specific Day _____, Time _____ and start date _____ was discussed with Studio.

PREVIOUS MUSIC INFORMATION

Please describe any previous music lesson experience. Include instrument studied and length.

POLICIES

The one-time Studio registration fee of \$25 is due at the time of enrollment and should accompany this form. It is refundable only up to 48-Hours prior to the first session. Appointment will be confirmed upon receipt of this form and registration fee. The full first month's tuition is due at the first lesson or the first of the month; an invoice will be provided with the confirmation of the appointment. Full Payment Policies will be provided at or before the first session.

Adult – Signature _____

Date _____

Verve Studios Use only:

Received	Entered	Conf Receipt/Appt	Welcome Packet	Payment \$ Date Type	Lesson time	Student ID	Rev Jan-2010
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