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| Application/Registration for New Stu- |
|---------------------------------------|
|---------------------------------------|

| А р  | plication/Re                     | gistra                                | tion for New Studen                  | <u>t                                    </u> |  |
|--|----------------------------------|---------------------------------------|--------------------------------------|--|--|
|  |                                  |                                       |                                      |  |  |
| Student's Name   |                                  | Age/Date o                            | f Birth                              | Residence Phone                              |  |
| Street Address   |                                  | City/State/Z                          | Zip                                  | e-mail                                       |  |
| Father's Name  |                                  | Work phone                            | 2                                    | Cell/Pager                                   |  |
| Mother's Name  |                                  | Work Phone                            | e                                    | Cell/Pager                                   |  |
| Emergency Contact/Relationship/Phone   |                                  | Out of Area                           | Emergency Contact/Relationship/Phone |  |  |
| Please List other family members enrolled  | in studio                        | Referred b                            | у                                    |  |  |
|  |                                  |                                       |                                      |  |  |
|  | S                                | t u d e n t                           | Profile                              |  |  |
|  |                                  |                                       |                                      |  |  |
| Principal String Instrument  |                                  | Private Tea                           | cher                                 | Teacher's Phone                              |  |
| Years/Months Studied Principal Instrument  | t                                | Most recen                            | t polished piece(s)                  |  |  |
| Other Instrument(s) currently studying   |                                  | Current nev                           | w piece(s)                           |  |  |
| Orchestra Experience   |                                  | Chamber M                             |                                      |  |  |
| Student's Phone/Cell   |                                  | Student's E-Mail Address              |                                      |  |  |
| Allergies, special health considerations or  | requests                         |                                       |                                      |  |  |
| Studio Use:  |                                  |                                       |                                      |  |  |
|  |                                  |                                       |                                      |  |  |
|  | Agreement                        | and Pa                                | yment Information                    |  |  |
| Payment is due during first month of instruction, and is refundable, minus a \$25 cancellation fee, for a period of 14 days from enrollment. Students should as a courtesy notify the teacher of any absence. There is no credit for missed classes,   |                                  | Workshop/Musicianship Enrollment ———  |                                      |  |  |
| or will missed classes be made up. It is the responsibility of the student to request nissed assignments.  |                                  | Materials fee, per instructor         |                                      |  |  |
| Parents or guardian agree that the studio shall not be liable for any accident, injury, loss, theft or damage that may occur in conjunction with or on the premises of the studio activities, or host organizations. Siblings and/or other unrelated individuals are not to be in attendance of scheduled classes. Studio teachers are not responsible for watching students after the end of scheduled classes or events, and younger students should not be left unattended. |                                  | If applicable , credits ————          |                                      |  |  |
|  |                                  | Other Charges, t-shirts, totebag, etc |                                      |  |  |
| Your child may be photographed or video transfer a photo/video tape/voorint and/or the media.  |                                  |                                       | TOTAL ———                            |  |  |
| The signer has read and understands the abolicies.   | pove, and agrees to abide by the | e stated                              | Payment Received —                   |  |  |
|  |                                  |                                       | Balance Due:                         |  |  |
| Authorized signature Relati  | onship to Student                | Date                                  |                                      |  |  |