

REGISTRATION: Philomusica- A European School of Music

Mother's Full Name _____ **Father's Full Name** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Home Phone _____ **Mom's Cell/Wk** _____ **Dad's Cell/Wk** _____

Emergency # _____ **e-mail address** _____

***How Did You Hear About Us? Whom May We Thank?** _____

Parents' Musical Background, if any _____

Child 1

Last Name _____ First Name _____ Code (for office use only) _____

Enrolling in what? _____ Day _____ Time _____ Code (office use only) _____

Age _____ DOB _____ Sex _____ Name of School Attending _____ Grade _____

Notes (medical, special needs) _____

Child 2

Last Name _____ First Name _____ Code (for office use only) _____

Enrolling in what? _____ Day _____ Time _____ Code (office use only) _____

Age _____ DOB _____ Sex _____ Name of School Attending _____ Grade _____

Notes (medical, special needs) _____

Child 3

Last Name _____ First Name _____ Code (for office use only) _____

Enrolling in what? _____ Day _____ Time _____ Code (office use only) _____

Age _____ DOB _____ Sex _____ Name of School Attending _____ Grade _____

Notes (medical, special needs) _____

Philomusica Credit Card Authorization Form

I _____ hereby authorize Philomusica to charge my credit card:
VISA or MC Exp. Date _____ # _____ in the amount of
_____ on the first day of each month beginning _____ and ending
with the last withdrawal on _____. I understand that I must give Philomusica one
month's notice from the first of the month to discontinue these charges.

Authorizing Signature

Date

Registration Fee of _____ paid on _____

Session Fee of _____ paid on _____ Yearly Fee of _____ paid on _____