

Please return this form with your registration fee to:

Harmony Music School of Rochester P.O. Box 631 Penfield, NY 14526

DOB: _____ Nickname: _____

Registration 2017-2018

Address:				
Street	(Apt #)	City	State	Zip
Guardian Contact				
Name:		Email:		
Phone #:			ip:	
Name:		Email:		
Phone #:			ip:	
Emergency Contact				
Name:	Phone #:		Relationship: _	
activities, etc):				
How did you find out about us? (If	you were referred by a friend, pl	lease list his/her	name so we can provide the fam	ily with a FREE class!)
Please circle your child's class 1	evel below:			
FM Babies: Hummingbirds (ages 3mos – 17mos on 9/1/17) Reg: \$35			CYC Preschoolers: 1 (ages 3y – 4.5y on 9/1/17) Reg: \$4	
I give permission for my child to be used):	o be photographed for c	lassroom pro	jects or website purpose	s (names will not
☐ Yes ☐ No				

Harmony Music School of Rochester accepts payments by cash or check (made out to Harmony Music School of Rochester). Interest-free payment

**All Aldersgate, Bethany Pres., and Mary Magdalene members, as well as all BAMNS families, will receive 10% off tuition.

plans are available upon request! Please contact Jennifer for additional information.

*All younger siblings of enrolled students will receive 25% off tuition.

Student Name: _____