

Student Registration

Last Name: _____ First Name: _____

Gender (please check): Male Female

Instrument(s): _____

Date of Birth: ___ / ___ / ___ (MM/DD/YYYY) Age: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Home Phone: ___-___-_____ Cell: ___-___-_____

Work: ___-___-_____ Email: _____

Parent/Legal Guardian Contacts (for students under 18)

Last Name: _____ First Name: _____

Relationship with student: _____

Home Phone: ___-___-_____ Cell: ___-___-_____

Work: ___-___-_____ Email: _____

Emergency Contact

Last Name: _____ First Name: _____

Relationship with student: _____

Cell: ___-___-_____ Referred by: _____

1. Please fill in one form per student
2. Information will be used ONLY for student account setup and scheduling purposes
3. EKS will not share your information with other individual parties
4. Parents will be the primary contact for students under the age of 18



Our Mission

The mission of EKS Music School is, through quality education, to help students of all ages acquire knowledge, confidence and the ability to appreciate arts and music in a nourished environment by pursuing their own personal development and enriching the quality of their lives.

To register, please fill in the form and write a non-refundable annual registration fee (individual \$30; family \$45) with EKS Music School as the subject line. Please mail the form and check to:

EKS Music School
121B Standish Avenue
Quincy, MA 02170

Students successfully enrolled will receive an email confirmation.

Questions?
Email: info@eks-arts.com

LESSON INFORMATION

Instrument(s) of interest: Piano Violin Cello Guitar Flute Brass Other: _____

Preferred lesson length (please circle one, prices vary with length) : 30 min / 45 min / 60 min

Type of Class: Private Semi-private (2-3 students)* Group (3-6 students)*

Day(s) available in the week: M T W Th F Sa

Preferred time(s): _____

*Registration must be completed for each student separately

Please briefly describe your previous musical experience (e.g. beginner, instruments, group lessons, performances, competitions).

Who did you take lessons with and where? _____

METHOD OF PAYMENT

- Pay by year – pay for both Fall and Spring semesters and receive a \$30 discount (only available before Fall semester payment deadline)
- Pay by semester
- Deferred Payment Plan – pay in 6 equal payments (3 per semester); includes a \$30 fee. For more information on this plan, please contact the studio or check the studio website.

PHOTO RELEASE INFORMATION

I, _____ (parent's name, please print),
DO / DO NOT (please circle one) grant permission to EKSTUDIO, LLC to reproduce photographs of members of my family, for the purpose of website publication, promotion, advertising in any medium. I acknowledge that I am over the age of 18, and am the legal guardian of (name of student)

_____.

Signature _____ Date: ____ / ____ / _____

for Office use only

Date received: ____ / ____ / _____

Received by: _____

Class and teacher assigned: _____

Day(s) and time(s): _____