



10503 Redosier Ct. Bethesda, MD 20814 Phone: (301) 530-7757 Fax: (301) 530-6203
www.musicaexpressions.com

Student Registration Form (Returning Students)

Student Name(s) _____

Age(s) _____ Birthday(s) _____

Parent Name _____

Address _____

Billing Address (if different from above)

Mobile Phone _____ Home Phone _____

E-mail address _____ Do you text? Yes / No

Please indicate a range of lesson **Starting Times** and indicate your choices in order of preference. For example: 2 Monday 3:30 – 6 p.m. 1 Friday 4:00 - 5 p.m. 3 Saturday 1:00 – 4 p.m.

____ Monday _____ Tuesday _____

____ Wednesday _____ Thursday _____

____ Friday _____ Saturday _____

Instrument(s) _____ Teacher(s) _____

Preferred length of lesson (Please circle): 30 minutes 45 minutes 1 hour

I have read the Student Policies and I understand their content fully.

Signature _____ Date _____

**Please mail this form to: Musical Expressions, 10503 Redosier Ct. Bethesda, MD 20814, or
Fax it to (301) 530-6203. Thank you.**