

BFCCPS 2017 Summer Course Registration Form

Student's First Name _____ Last Name _____

Student's Address _____ City _____ State _____ Zip _____

Student's School _____ Grade entering in Fall _____ Gender: M F

Parent/Guardian Name _____

Address, if different _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

email _____ 2nd email _____

Emergency Contact Name & Phone Number: _____

Special Medical Information _____

(Please indicate allergies or other conditions, note if child carries or needs an EpiPen or other medical supplies)

Is Student on an IEP? YES _____ NO _____

Please use one registration form per student:

Class	Teacher	Date	Time	Tuition

Payment:

Please make checks payable to **individual teachers listed on the Course Description.**

\$ _____

Check #'s _____

BFCCPS 2017 Private Music Lesson Registration Form

Student's First Name _____ Last Name _____

Student's Address _____ City _____ State _____ Zip _____

Student's School _____ Grade entering in Fall _____ Gender: M F
Parent/Guardian Name _____

Address, if different _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-Mail _____ 2nd E-Mail _____

Emergency Contact Name & Phone Number: _____

Special Medical Information _____
(Please indicate allergies or other conditions, note if child carries or needs an Epi-Pen or other medical supplies)

Is Student on an IEP? YES _____ NO _____

Dates of any summer vacations you may be taking: _____

Please use one registration form per student:

Instrument				
1st Choice: Day				
1st Choice: Time				
2nd Choice: Day				
2nd Choice: Time				
Number of Sessions				
Tuition				

Cash or checks payable to individual teachers at the beginning of each lesson. No advance payment is necessary