

FALL REGISTRATION 2011-2012
Carol Hibbard Piano Studio

*Name _____ Age _____ Birthdate _____

*Phones: home: _____ cell: _____ work: _____

*E-mail _____

*School and Grade in Sept. _____

Address _____

Parents' Names _____

*Lesson day and time:

Lesson type:

*1st choice _____

*Pre-K 30 min. Private (\$110) _____

*2nd choice _____

*45 min. (\$155/mo.) _____

*3rd choice _____

*60 min. (\$195/mo.) _____

*75 min. (\$240/mo.) _____

*Days and times that absolutely will not work, even for monthly group lessons:

Other notes:

“I have read and agree to the terms of the Studio Policy.”

Parent Signature

Student Signature

Please send this form with a non-refundable \$35.00 per student registration fee to:
Carol Hibbard, NCTM
4234 123 Ave. SE
Bellevue, WA 98006-1918

*Continuing students need only fill in *spaces. Please indicate if anything else has changed.