

L.A.M.S. Registration Form

Last Name:	Father's Name:	Mother's Name:
Address:	City:	Zip:
Home Phone:	Cell Phone:	Work Phone:
E-mail:	Home Church:	
Referred By:		

Student's Name:		D.O.B.:	Age:	
Class Time	Class Name	Alternate Class (Mail-In Only)	Class Fee	Mat. Fee
9:00				
10:00				
11:00				
12:00 - 12:30	LUNCH	LUNCH	XXXXXX	XXXX
12:30				
1:30				
2:30				
Piano Time:		Piano Teacher:		

For Office Use Only		
Date Enrolled:	Emergency Form (Y/N):	Background Check (Y/N):
Total Hours of Classes:	X \$30 = \$	Total \$ Due:
Total # of Piano Classes:	X \$72 = \$	Check #:
Total # of Children in Childcare: _____ X \$7 = \$		
Registered By:		
Please make class and piano fee checks payable to MSC		
Please make material fee checks payable to individual teachers		
Please note that refunding of material fees will be left to the discretion of individual teachers		

Student's Name:		D.O.B.:		Age:	
Class Time	Class Name	Alternate Class (Mail-In Only)	Class Fee	Mat. Fee	
9:00					
10:00					
11:00					
12:00 - 12:30	LUNCH	LUNCH	XXXXXX	XXXX	
12:30					
1:30					
2:30					
Piano Time:			Piano Teacher:		

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12:00 - 12:30	LUNCH	LUNCH	XXXXXX	XXXX	
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1:30					
2:30					
Piano Time:			Piano Teacher:		

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12:00 - 12:30	LUNCH	LUNCH	XXXXXX	XXXX	
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1:30					
2:30					
Piano Time:			Piano Teacher:		

