

Registration Form

Instrument 1 ST Choice:	_ Instrument 2 nd Choice:		
Prior Instrument?	Rental Required?	Yes N	Ю
Are you taking lessons somewhere else? (If yes, please specify the provider and instrument)			
Student Name		Grade	
School			
Primary Guardian Name			
Phone(s)			
Email			
Address			
Emergency Contact			
Phone:			
Health Insurance			
Who may pick up your child?(Please include full name and phone number)			
Does your student have any medical cond Does your student require medications or	• • • • • • • • • • • • • • • • • • • •		
JAM fees are: \$5 per week, with option to	buy 10 at a time for \$45		
This document is a registration form for the JAMuseum. We are offering weekly classes in geach week based on the arrival of students ur There are no advance reservations. It is impethe registration form before the first session years.	uitar, fiddle, and banjo. JAM classontil the classes reaches capacity (3 rative that all students, new and re	es will be fill 30 students) turning, brir	led ng in
My student,available to meet on Saturday mornings from	is committed to being in JAM a 10:30-11:30.	nd will be	
	Guardian Signature		Date