



Registration Form – Winter 2008

Name of Class: _____

Day / Time of Class: _____

Tuition Fee: _____

Name of Student: _____

Age: _____ Birthday: (not required) _____

Street Address: _____

City / State / Zip: _____

Home Phone Number: _____

E-Mail (very important): _____

Parents' Name(s):

Medical Conditions or Allergies, including food allergies or intolerances of Student:

Anything else you would like us to know about student:

Date: _____

Signature of Parent / Guardian: _____

How did you hear about us? _____

Please make tuition checks payable to Little Friends Music and mail to:
Little Friends Music
Attn: Lori Anderson York
20 Baker Street
Holliston, MA 01746

lori@littlefriendsmusic.com

508-269-9616