

# New Heart Christian School of Music

## REGISTRATION (please check one)

**Group Class (Middle School Region Clinic)**

**Ensemble Coaching**



### TELL US ABOUT YOURSELF

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Student's Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if student is under 18)

Parent's Name: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Parent's Cell Phone: \_\_\_\_\_

Are you a Christian?  Yes  No If yes, name of church: \_\_\_\_\_

### TELL US ABOUT YOUR CURRENT STATUS

Working - Occupation: \_\_\_\_\_

Studying - School: \_\_\_\_\_

New student  Returning student

When did you study at NH? \_\_\_\_\_ Who did you study with? \_\_\_\_\_

#### MIDDLE SCHOOL REGION CLINIC

Regional 13  Regional 23  Regional 27

Name of private teacher: \_\_\_\_\_

#### ENSEMBLE COACHING

Type of ensemble: \_\_\_\_\_

Length of Lesson (please select one):  60 min  90 min

Names of private teacher(s): \_\_\_\_\_

\_\_\_\_\_

The signature below signifies that the parents have read, understood, and will comply by all the stipulations of New Heart Christian School of Music policy.

Parent's signature (if student is under 18): \_\_\_\_\_ Date \_\_\_\_\_

Please mail the **completed form** with all payments to New Heart Music Ministries.