

Young Talents Music School

www.sacramentomusic.org

phone: (916) 482-3899

info@sacramentomusic.org

ENROLLMENT FORM



Mother's Name _____ Father's Name _____

Home Address _____
Street _____ City _____ Zip Code _____

Home Telephone _____ Work(Mother) _____ (Father) _____

Cell Phone _____ email _____

Child's First Name _____ Last Name _____ Birth Date _____

Child's First Name _____ Last Name _____ Birth Date _____

How did you hear about us? _____

Length of Previous Study _____

Have students participated in any MTAC, MTNA, National Guild of Piano Teachers Auditions, or other musical activities such as workshops, recitals, competitions, Certificate of Merit, Bach Festivals, church or music programs? If so, please list a few of the most recent:

Does either parent have a musical background? If so, to what extent? _____

Briefly state what your musical goals are for your child. You may wish to discuss this with your child. We are interested in knowing the kind of music in which there is most interest, whether or not you are interested in competitions, and your ambitions, motivations for having your child study music instrument, etc.

Date: _____

_____ Parent Signature