Thank you for entrusting me with continuing your child’s and family’s musical journey in this curriculum. Please complete this document in lieu of an online submission. Then it can be saved and attached in an email to MusicWithMsJoley@gmail.com

Ms. Joley

|  |
| --- |
| **Select Class From Front Side:**  |

|  |  |
| --- | --- |
| **Preferred Day/Time:** | **(e.g. Tuesdays 09:30)** |
| **Parent's First Name:** |  |
| **Parent's Last Name:** |  |
| **Address Line 1:** |  |
| **Address Line 2:** |  |
| **City:** |  |
| **State/Province:** |  |
| **Zip/Postal Code:** |  |
| **Email Address:** |  |
| **Best Phone Number(s):** | **-   -** |
| **Alt. Contact Person, Phone:** |  |
|  |  |
| **Child's First Name:** | **-   -** |
| **Child's Last Name:** |  |
| **Child's Current Age, birthdate:** | **months     years** |
| **List any medical issues of which the teacher should aware:** |  |
|  |  |
| **Question/Comment:** |  |
|  |  |