Registration Form

Please complete this form and sign it.
Make checks payable to: Evergreen Music Conservatory
Zelle: evergreenmusicconservatory@gmail.com or 818.742.5758
Calendar Dates: Fall: Sept.14-Feb.8; Spring: Feb.3-June 12; Summer: June 14-Aug 28
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_____

Student Name: last first middle

Age _____ Date of Birth_____ Phone_____

_____

Address: Street City Zip code

_____

Semester you're enrolling for (circle one): Fall Spring Summer

_____

Email How did you hear about us?

_____

Parent or Guardian Employment Phone

The signer understands and agrees to the policies as stated in the EMC catalog and accepts complete responsibility for all charges and fees.

_____

Signature of Student, Parent, or Guardian Date

OFFICE USE ONLY

Instructor/Class Fee $ _____

Registration Fee (Fall and Spring only) Fee $ _____

Balance Due From Past Semester Fee $ _____

Payment Record: Total Fee $ _____

Date _____ Amount $ _____ Check # _____ $ _____

Date _____ Amount $ _____ Check # _____ $ _____

Date _____ Amount $ _____ Check # _____ $ _____

Phone: (818) 742-5758 or email: evergreenmusicconservaory@gmail.com