

Registration Form 2009-10

Name of Student: _____ Age _____ DOB _____

Billing Address: _____ City: _____ Zip Code: _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Email: _____

Private Lesson Duration 30 minutes weekly 45 minutes weekly 60 minutes weekly

Name of Private Lesson: _____ How did you hear about us? _____

Name of Class: _____ Class Time: _____

Printed Name of Parent or Guardian: _____

Please complete PRIVATE MUSIC LESSON requests below:

Piano, Barb Kehoe: Tues - Sun.

Piano, Cliff Habian: Tues. & Sat.

Guitar, Al Bauhof: Wed.

Piano, Sha Ranney: Thurs. & Sat.

Drums, Jim Murphy: Tues. & Wed.

Violin, Yuko Nakamura: Friday

Guitar, Sha Ranney: Thurs. & Sat.

Voice, Adele Karam: Thurs.

1st Choice Day & Time _____

2nd Choice Day & Time _____

3rd Choice Day & Time _____

Days / Times to Avoid _____

REGISTRATION FEE: \$25 / STUDENT

(NON RETURNABLE & NON REFUNDABLE)

Your Signature is Required:

I have read Kehoe Music & Dance LLC Term 2009-2010 Policies & Procedures and agree to abide by them.

Please Sign * Signature: _____ Date: _____

FOR OFFICE USE ONLY	COMPLETED
QB	
B'DAY	
ON-LINE	
MAIL-MERGE	



KEHOE
MUSIC & DANCE
 LLC

27091 Chardon Rd.
 Richmond Heights, OH 44143
 PH. 440-833-0206
 FX. 440-833-0208
 EMAIL info@kehoestudio.com
 WEB www.kehoestudio.com