

Christie Strings Studio

2016-1017 Registration Agreement

Registration assumes the commitment to private lessons, group classes, recitals, payment schedule, and studio policies for the duration of the 2016-2017 school year.

Student name: _____

Day/Time of Lesson: _____

School Name: _____

Parent(s) name(s): _____

Preferred Contact Numbers: _____

Email: _____

Please sign, indicating agreement with educational philosophy and responsibilities:

Parent Signature: _____

Student signature (if applicable): _____

Date: _____