



Port Jefferson Music Academy Registration Form

202 Main Street, Suite 5, Port Jefferson, NY 11777
631-642-0926

Date: _____

Student's name: _____ Date of birth: _____

Parent(s) name(s): (M) _____ (F) _____

Address: _____

Home telephone #: () _____ Work telephone #: () _____

E-mail address: _____

In case of an emergency, name and number of a person to contact:

Name: _____ Phone #: () _____

School student is attending: _____

Class you would like to attend: __VILLAGE Baby music class __OUR TIME Toddler music class

Preferred lesson day and time:

(Please indicate order of preference)

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

How did you hear of the Port Jefferson Music Academy?

What goals do you wish to accomplish while working with us?

Additional comments and/or requests:

Return application form to the address below UP UNTIL JULY 8th, 2010.

Sophie Arbuckle, Director, Port Jefferson Music Academy,

c/o Smart Suites

1700 Shelburne Road

South Burlington, Vermont 05403