

REGISTRATION FORM

PARENT INFORMATION

Parent Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Emergency Contact: _____

Emergency Phone: _____

How did you hear about us? _____

Referred by: _____

CHILD INFORMATION

Child Name: _____

Child DOB: _____

Desired Class/Day/Time: _____

Alternate: _____

White House of Music

Music for Life

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