



****PLEASE PRINT CLEARLY**

Student Information:

Name: _____ Date of Birth: ____/____/____ Age: _____
 Address: _____ City/State/Zip _____
 County: _____ Home Phone: _____ Student Cell Phone: _____
 Email Address: _____ Race: _____
 Instrument: _____ School: _____ Grade 2010/11: _____

Parent Information:

Father: _____ Home Phone: _____ Work Phone: _____ Cell: _____
 Address: _____ City/State/Zip: _____
 Email Address: _____
 Mother: _____ Home Phone: _____ Work Phone: _____ Cell: _____
 Address: _____ City/State/Zip: _____
 Email Address: _____

Photo Release:

Please initial if you do NOT want photos taken of your child at CSA events released to the Media _____

If new to CSA, have you taken private string lessons previously? If yes, how long _____

Please indicate your 1st, 2nd, and 3rd preference for fall lessons (day/time, ex. Mon. between 5-7pm)

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

Would you like to take lessons this summer? Yes _____ No _____

(If yes, your teacher will contact you to set up times)

CSA FEES* (See Registration and Lesson Contract for fee schedule)

*If you think that you will have difficulty paying the Association fees because of financial hardships, there are a limited number of awards available. Forms are available during registration.