



Enrollment Form

Current A Sharp Music Studios students are given the first opportunity to enroll for the next session!
Mail this form with payment to address below.
Register ASAP to make sure you get your first choice of class times!

Parent's Names: _____

Street Address: _____

City, State, Zip: _____

E-Mail Address: _____

Daytime Phone #: _____

Evening Phone #: _____

Cell Phone #: _____

1st Child's Name: _____ 2nd Child's Name: _____

Child's Birth Date: _____ Child's Birth Date: _____

Class City: _____ Class City: _____

Class Name: _____ Class Name: _____

Class Time: _____ Class Time: _____

PAYMENTS

Full payment enclosed for \$ _____

Installment payment plan:

First Installment due with registration for \$ _____

With remainder _____ months at \$ _____ each

How did you hear about A Sharp Music Studios? _____

****** Please note, ff you cancel your registration, there will be a \$20 cancellation fee per child withheld from your refund.**

Make all checks payable to: A Sharp Music Studios
Mailing Address: 7393 Isleton Ave S Cottage Grove MN 55016
Phone Number: (651) 235-SING (7464)
Website: www.asharpmusicstudios.com
E-Mail Address: asharpmusicstudios@comcast.net