

### STUDENT REGISTRATION FORM

Please fill out the following (use back page if needed) and return before your first lesson.

**Today's Date:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**School & Grade:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Street, Apt. #

City, State, Zip Code

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
Best # (Please indicate cell or home)

**Emergency:** \_\_\_\_\_  
Name, relationship, phone #

**STYLES/GENRES** of music you'd like to sing, along with favorite songs or singers (if you have any):

Classical (art song, opera, oratorio)  \_\_\_\_\_

Contemporary (folk, pop, rock, jazz)  \_\_\_\_\_

Musical Theater  \_\_\_\_\_

Sacred-Contemporary  \_\_\_\_\_

Sacred-Traditional  \_\_\_\_\_

Other  \_\_\_\_\_

Own Compositions  \_\_\_\_\_

**VOCAL/MUSICAL/ARTS EXPERIENCE.** Please share any previous arts experience here: \_\_\_\_\_

**Do You READ MUSIC?** Yes \_\_\_\_\_ No \_\_\_\_\_ A Little \_\_\_\_\_

Languages you'd like to sing (even if you don't speak them), and if you've studied any of them.

English  \_\_\_\_\_

Spanish  \_\_\_\_\_

French  \_\_\_\_\_

Chinese  \_\_\_\_\_

German  \_\_\_\_\_

Japanese  \_\_\_\_\_

Italian  \_\_\_\_\_

Other  \_\_\_\_\_

**Goals for voice lessons, both BIG and small.** \_\_\_\_\_

**Anything you'd like me to know about you** that may help our working together (likes/dislikes, fears, etc)?

**Image Permission:** When possible, I like to post photos/videos of students in performance. I will always try to make you look good(!) and will only use your first name (if at all). **Please check YES or NO to the following:**

*Carol Joy Evans/Sing4Health may use individual photos/images taken of me during performances and events for social media and studio communication.*

YES

NO