

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 ☐