

### 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 # (home? Cell?) \_\_\_\_\_

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