



## Music Program Student Enrollment

Student Name:

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Age:

Date of Birth:

School:

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Address:

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City/State:

Zip Code:

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Email Address:

Phone Number:

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Emergency Contact Name:

Relationship:

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Emergency Contact Phone Number(s):

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Instrument:

Years of Experience:

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By signing below, I have read and agreed to all policies for the Arts Council of Wayne County's Music Program.

Student Name:

Date:

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Student Signature:

Date:

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Guardian Signature:

Date:

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Programs Director Signature:

Date:

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