



St. Cecilia Student Musicale

2025-2026 Registration

Student's Name: _____

Date of Birth: _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____

Grade: _____

School: _____

Instrument(s): _____

Instructor(s): _____

Instructor Email(s): _____

Date and amount of Payment _____ **PayPal** _____ **CHECK#** _____

Parent/Guardian Contact Info

Name: _____

Relationship to Student: _____

Cell: _____ **Ok to text?** _____

Email: _____

Permission to use your child's image on social media. Yes ___ **No** ___