



NEW STUDENT REGISTRATION FORM

Registration for:

Spring Session Summer Session Fall Session Year: 20__

Student's Name _____ Date of Birth _____

Male Female Student's grade in school (if applicable) _____

Name of Parent(s) or Legal Guardian (if applicable) _____

Address _____ City _____

State _____ Zip _____ Email Address _____

Home Phone _____ Work and/or Mobile Phone _____

Proposed study (instrument) _____ Length of previous study (if applicable) _____

Days or times that you **cannot** schedule a lesson _____

Special Request – instructor, schedule, etc. (optional) _____

I prefer to receive invoices by: Mail Email

Registration fee (please check one):

New Student (\$25) Additional Family Member (\$10)

(Registered Family Member's Name _____)

Registration fee must accompany this form.

Please make checks payable to Northpoint. Mail registration, payments, and all Academy correspondence to:

Marvin Engstrom, Director
Corona Arts Academy
Northpoint Evangelical Free Church
988 W. Ontario Ave
Corona, CA 92882

Questions? Contact Marvin Engstrom at 951.281.2823 or marvin@coronaartsacademy.com.

Student _____ Date _____ Parent or legal guardian (if applicable) _____ Date _____

Official Use Only: Date received. _____ Check No/Amt _____ Instructor _____