



Registration Form

1. Please print clearly
2. One application per student, please
3. Include the registration fee*

Choose one: Fall Semester Enrollment Spring Semester Enrollment Year _____

Student's Name _____

Parent's Name(s) _____

Email _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Home Church _____

Student's School _____ Grade _____

Proposed Area of Study:

Piano

Flute

Number of years experience in this area _____ Instructor _____

Registration Deadline: July 15, 2011

*A registration fee of \$25.00 (\$10.00 for each additional family member) must accompany this form. (Registration is \$35/\$15 if received after the registration deadline.) Make checks payable to Mikado Academy of Music. Mail applications and all correspondence to: Academy Director, Mikado Baptist Church, 6751 Houston Rd., Macon, GA 31216. If you have any questions, please call us at 781.2324.

Date Received _____ Registration fee enclosed Instructor _____