

Harmony Road Music Center of Oregon

16703 SE McLoughlin Blvd, Milwaukie, OR 97267 • 503-557-5151 • www.harmonyroadoregon.com

Date: _____ **2023-2024** **ENROLLMENT FORM** Staff _____

New Student

Returning Student

Student's Name _____ Birth Date ___/___/___

Address _____ City/State _____ Zip _____

Primary Contact Phone _____

Name: _____ Relationship _____ Phone _____ Cell ___ Home ___

Alternate Contact

Name: _____ Relationship _____ Phone _____ Cell ___ Home ___

Email _____

Tell us how you found our school: ___ Internet ___ Drive by ___ Other ___ or did a current or former student tell you about us? We would love to have their name to thank them. _____

THE STUDENT NAMED ABOVE IS ENROLLING IN THE FOLLOWING CLASS:

TODDLER TUNES: Intro _____ 1 _____ 2 _____ 3 _____

HELLO MUSIC _____

MUSIC IN ME _____ MORE MUSIC IN ME _____

MUSICTIME _____

HARMONY ROAD: 1 _____ 2 _____ 3 _____ 4 _____

JR MusicCamp _____

YOUNG MUSICIAN: Intro _____ 1 _____ 2 _____ 3 _____ 4 _____

Composer Camp _____

KEYBOARD PREP: Intro _____ 1 _____ 2 _____ 3 _____

Ensemble Camp _____

KEYBOARD MUSICIAN: 1 _____ 2 _____ 3 _____ 4 _____

Pop Class _____

PIANO LEVEL _____ PIANO STREET LEVEL _____

Specialty Class _____

1st Choice Day _____ Time _____ Starting Date ___/___/___ TEACHER _____

2nd Choice Day _____ Time _____ Starting Date ___/___/___ TEACHER _____

I _____, acknowledge that I have received a copy of HRMC's Class and Financial Policies. I understand that I am responsible for reading the policies and I agree to comply with them. If I have any questions, I will contact the office staff. You may use my email address to send HRMC information via E-Blasts and Newsletters.

I _____, release ___ do not release photographs taken of my minor child/children by Harmony Road Music Center/Courses staff members. I understand that these photographs may be used for commercial advertising for Harmony Road Music Center of Oregon, Inc.

Guarantor's Full Name _____ Phone _____

Driver's License # _____ State _____ Expiration Date _____ Birth Date _____

Employer's Name _____ Phone _____

Employer's Address _____ City _____ State _____ Zip _____

Guarantor's Signature _____ Date ___/___/___