

Harmony Road Music Center of Oregon

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

Date: _____ **2024-2025 ENROLLMENT FORM** Staff _____

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

Address _____ City/State _____ Zip _____

Best method of communication (check one) Phone Text Email

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 _____ Music Craft Camp _____

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

KEYBOARD PREP: Intro _____ 1 _____ 2 _____ 3 _____ Specialty Class _____

KEYBOARD MUSICIAN: 1 _____ 2 _____ 3 _____ 4 _____

Piano Level _____ Piano Street Level _____

1st Choice Day _____ Time _____ Starting Date _____ Teacher _____

2nd Choice Day _____ Time _____ Starting Date _____ Teacher _____



Initial the following statements:

_____ I acknowledge that I will read the HRMC's General and Financial Policies on the website. (www.harmonyroadoregon.com) 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.

_____ HRMC may use my e-mail address to send electronic communication including E-blasts and Newsletters.

(Circle one) I DO or 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 ____/____/____