



Harmony Road Music Center
of Oregon
16703 SE McLoughlin Blvd
Milwaukie, OR, 97267
www.harmonyroadoregon.com
503-557-5151

Summer 2021
ENROLLMENT FORM
New and Returning Students

Student's Name _____ Birth Date ___/___/___
Address _____ City/State _____ Zip _____
Primary Contact Name: _____ Relationship _____ Phone _____ Cell _____ Home _____ Office _____
Alternate Contact Name: _____ Relationship _____ Phone _____ Cell _____ Home _____ Office _____
Email _____ OK to send Newsletter _____ Yes _____ No _____

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 Music Camp _____
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.

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 ___/___/___

School Rep's Signature _____ Discussed 2 Week Notice Policy _____