HARBORLIGHT
MUSIC ACADEMY
Where Talent Shines Bright

272-2127 254-2782

REGISTRATION FORM

Registration Received On: _____

STUDENT INFORMATION

Name: _____

Age: _____ Date of Birth: ___/___/_____

Village: _____ Religion: _____

School/Occupation: _____ Grade: _____

Gender: ☐ Male ☐ Female Keyboard/Instrument ☐ Yes ☐ No

PARENT/GUARDIAN INFORMATION

Mother: _____ Father: _____

Guardian: _____

Phone Number: _____ Email: _____

Village(if different from student): _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Relationship to Student: _____ Phone Number: _____

MEDICAL INFORMATION

Does the student have any allergies? ☐ yes ☐ No

If yes, please list: _____

Does the student have any medical conditions we should be aware of? ☐ yes ☐ No

If yes, please specify: _____

Primary Physician Name: _____ Phone Number: _____

Health Insurance Provider: _____ Policy Number: _____

CONSENT & AGREEMENT

☐ I certify that the above information is correct to the best of my knowledge.

Date: _____/___/_____ Signature: _____