LaFond Conservatory of Music, LLC
Centralia Education Center
Centralia, Washington

For Conservatory use only. Please do not write in the box.

Student Name		**Lesson Day**	**Time**
Lesson Interval	**Tuition level**	**Registration fee paid**	**Amount** / **Check #**

I/we wish to enroll _____ in LaFond Conservatory of Music, LLC for study with Madame Sandra Zegzula during the Conservatory year 2007-08. I/we have read the Conservatory policy statements contained in the Conservatory brochure and understand and agree to the terms and conditions stated therein. Enclosed is a non-refundable registration fee of $_____ (equal to one month's tuition) which reserves a place in LaFond Conservatory of Music, LLC, for the ten-month Conservatory year from September 1st through June 30th. I/we understand and agree this deposit covers use of the Conservatory music library, studio recital programs, newsletters, class lessons, adult soirees and other services and programs provided (with some exceptions). This deposit also protects class sizes throughout the Conservatory year. I/we agree no student shall teach piano outside of Conservatory sanction. We agree to pay all tuition bills by the tenth of each month.

PLEASE NOTE: NO RESERVATION OF TIME CAN BE MADE WITHOUT THE REGISTRATION FORM AND FEE.

_____
Parent(s) name(s)

_____
_____
Parent(s) signature(s)

_____
Student's name (first, middle, last)

_____
Student's date of birth

_____
Student's signature

_____ _____
Street address Parents' e-mail address

_____ _____ _____ _____ _____
City Zip Home phone Cell phone Student's e-mail address

Please indicate two preferred times for lessons. Your request will be addressed on a first-come, first-served basis.

PLEASE MAKE YOUR CHECK PAYABLE TO **MADAME SANDRA ZEGZULA**
1500 West Roanoke Street. Centralia. WA. 98531

Revised 8-1-07