



Lesson Registration Form

RACHEL CELLO STUDIO

Welcome to Rachel's cello studio. Please complete the following form in full. Once complete, please review the Studio Policies (provided separately), sign the bottom of this form, and return it.

Student name _____ Date of birth _____

Address _____ Contact Phone _____

Student Email _____

School Name/ Grade _____

Parent Name _____

Phone Number _____

Parent Email _____

How did you hear about this studio? _____

I authorize Rachel Cello Studio to use photographs/videos taken of students/ participants during classes or programs for use in studio publications, and social media channels for marketing/ promotional purposes.

- Yes, I do give permission to use my child's photo or video as a described above.
- No, I do not give permission to use my child's photo or video as a described above..

I have read and understand the Studio Policies and photo and video release, and agree to abide by the guidelines and policies listed.

Student Name _____ Parent Name _____

Signature of Student (or Parent/Guardian if Minor) _____ Date _____

*For questions or concerns, please contact Rachel at rachelmusicstudio@gmail.com