



Enrollment Form

Please complete one form for each student

Student Name _____ Date of Birth _____

Mailing Address _____

Home Phone _____ Student Cell Phone _____

Student Email _____

Current School _____ Grade _____

Instrument _____ Years played _____

Teacher(s) _____

Parent/Guardian 1 Name _____

Mailing Address (if different) _____

Cell Phone _____ Email _____

Parent/Guardian 2 Name _____

Mailing Address (if different) _____

Cell Phone _____ Email _____

Program fee for the term: \$50

Please make checks payable to "Taconic Music" and include "TJE" in the memo
Mail, **with this form**, to: Taconic Music, PO Box 732, Manchester, VT 05254

By enrolling my child in the Taconic Junior Ensemble, I acknowledge and agree that Taconic Music may use my child's likeness for editorial, development and promotional use.

Parent/Guardian's signature _____ Date _____