



18 Bridge Street Suite 3G
Brooklyn, NY 11201
hello@kokomusicdumbo.com
917-765-0770

Student Registration Form

Student's Name: _____ Date of Birth: _____

Grade: _____ Class/Instrument: _____

Teacher: _____ Lesson Day: _____

Lesson Time: _____ Lesson Length: _____

Parent/Guardian Name(s):

Address: _____ City: _____

ZIP: _____ Phone: _____

Secondary Phone: _____

Email:

School Name: _____

Emergency Contact:

I, _____, have read and understood the School Policy
and School Calendar.

Signature: _____

Date: _____