C2E/CHRIST Culture Music Academy

AGES 2 ~ 5 BILINGUAL MUSIC CLASS

Student's Full Name: _____ Sex: _____

Date of Birth: _____ Age: _____

Parents' or Guardian's Full Name(s) and Relationship

_____ (Dad *and/or* Mom)

_____ *(Others)*

Emergency Contact Information:

- **Father's** Phone Number: (_____) _____
- **Mother's** Phone Number: (_____) _____
- **Father's** E-mail Address: _____
- **Mother's** E-mail Address: _____
- Home Address: _____

Music Class General Information:

- Annual Registration Fee **$50**
- Monthly *(4 weeks)* Music Tuition **$110** *(will prorate for holidays)*
- Weekly ***45 minutes*** Group Music Classes

Fees *(please make check payable to **C2E / CHRIST Culture Music**)*:

- Registration Fee: $ _____
- Music Tuition: $ _____

Total Amount due: $ _____

Parent Signature: X _____ Date: _____

Music Academy Contact Information:

Music Academy Director: **Pastor Jamie Hsiao**

Direct Line (678) 481-6951 E-mail: *Jamie.Hsiao@stillwaters.church*

Center Location: 1560 Oakbrook Drive, Norcross, GA 30093

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(section below to be completed by C2E Inc., d/b/a CHRIST Culture Music Academy)

Date of Registration *(received)*: _____ Registration Fee paid: $_____ (ck# _____)

Music Book Fee paid: $ _____ (ck# _____) Session Tuition paid: $_____ (ck# _____)

Director Signature: X _____