Pacific Northwest School of Music

Preschool Registration Form

Student Information	
Student's Name:	
	First
Birth Date:	Boy
Age:	☐ Girl
Street Ad- dress:	
City: ZIP:	
Father's Name	Mother's Name
Cell phone	Cell phone
Email	Email
Occupation	Occupation
Did your child previously attend PNSM Preschool?	
How many sesions?	
Class Requested: 1st choice: 2nd choice: 3rd choice: 4th choice:	Please consult the calendar to find the schedules for classes A, B, C or D. Clas- ses are difficult to schedule—please give us as many choices as you can.
Registration:	
Places are limited. Please make your tuition check payable to "Pacific Northwest School of Music" and send it with this form to:	Pacific Northwest School of Music Suzuki Preschool Music Program PO Box 55251 Shoreline, WA 98155