European Music Academy Registration Form

Please complete all lines. Return this form, along with your payment, to Yelena Prizant at European Music Academy, 142 Adams St., Newton, MA 02460 and 15 Hackensack Circle, Chestnut Hill, MA 02467

Name:

_____

Last *First*

Address:

_____

Street *Town* *Zip*

Telephone:

Daytime_____Evening_____

Age_____ Years of musical studies_____

Parent or Guardian: (*If student is under 18 years of age)*

_____e-mail:_____

The Fall semester 2025 will begin Tuesday, September 2, 2025, and end Saturday, January 11, 2026. The Spring semester will begin Tuesday January 13, 2026, and end Sunday June 7 , 2026

Please indicate the number of classes you will be attending:_____

Day:_____Time:_____

Please refer to EMA Policy and Tuition for details.

Registration Fee (new students only):_____

Total Due: _____

Enclosed is my check made payable to Yelena Prizant