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 02459 and/or 15 Hackensack Circle, Chestnut Hill, MA 02467

Name:

_____

Last *First*

Address:

_____

Street *Town* *Zip*

Telephone:

Daytime_____Evening_____

Age_____ Years of musical studies_____

If student is under 18 years of age:

Parent or Guardian:

_____e-mail:_____

The Fall semester begins Tuesday, September 8, 2026, and ends Saturday, January 9, 2027. The Spring semester will begin Tuesday, January 12, 2027, and will end Sunday, June 12 , 2027.

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