

# Jeanette Sacco-Belli

## Private Student Registration Form

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Name *(Please Print)*

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Home Address

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Home Phone Number

Cell/Pager Number

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Business Address

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Business Phone Number

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Email Address

**The studio is open Monday – Thursday from 10:00 am – 9:00 pm.**

Please indicate ALL possible times you are available for lessons so I may try to accommodate your schedule. Please indicate morning, noon and evening time slots. (Example: Sally Smith would like lessons every week either on Mondays 6-8 pm or Thursday 10:00 am).

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Group lessons	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please place me on your waiting list	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please contact me when you have a cancellation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you want a weekly lesson?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you want a bi-weekly lesson?	Yes <input type="checkbox"/>	No <input type="checkbox"/>