



Central Baptist Church

# School of The Arts

506 N. Houston, P.O. Box 540, Livingston, Texas 77351

SOTA: 936-328-8682 ▪ www.makingGODknown.net



## “Music for God’s People” - Colossians 3:16

The growing Music Ministry of Central Baptist Church, Livingston, Texas is reaching out to the community through a program called **School of The Arts**, 3:00 - 10:00 P.M., on Monday evenings September through May in the Children’s Center. The purpose and mission of this program is to offer instruction and personal development in music. It is our belief that the arts are a gift from God and that the opportunity to develop these gifts allows us to grow both mentally and spiritually. The School of The Arts is founded on Christian principles and its programs are available to everyone in the church and community.

### 2009 – 2010 New Student Registration Form

**I. STUDENT INFORMATION** Instrument Instruction Requested \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Birthday \_\_\_\_\_ Grade in School (as of 9/2009) \_\_\_\_\_  
(month/date/year)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Church Affiliation \_\_\_\_\_

**II. PARENT/GUARDIAN INFORMATION:** If student is under age 18, or still in high school, please fill out the following information.

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**III. EMERGENCY CONTACT**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**IV. INSTRUCTION**

**NEW STUDENTS**

Instrument Instruction Requested \_\_\_\_\_

Instructor Requested \_\_\_\_\_  No Instructor Preference

Note: SOTA hours are 3:00 - 10:00 p.m. on Mondays.

Lesson Time Preference # 1 \_\_\_\_\_ Lesson Time Preference # 2 \_\_\_\_\_

If you have a time span preference, like 5-7 PM, instead of an exact time preference like 3 PM, please place that information here \_\_\_\_\_.

No Time Preference

(Every effort is made to accommodate time preferences. If your first two choices are not available, we will either offer you an alternative time or you may choose to be placed on the waiting list and you will be called if another time slot becomes available.)

**IV. STUDENT'S EXPERIENCE (NEW STUDENTS)**

Is the student a beginner?  Yes  No

Has the student had previous lessons?  Yes  No

If he/she has had previous lessons:

Instrument \_\_\_\_\_

Instrument \_\_\_\_\_

Years of Study \_\_\_\_\_

Years of Study \_\_\_\_\_

What Level \_\_\_\_\_

What Level \_\_\_\_\_

Instructor \_\_\_\_\_

Instructor \_\_\_\_\_

**I have read and agree to abide by all SOTA policies.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature (If 18 years of age or older) \_\_\_\_\_ Date \_\_\_\_\_