

**SLOWIK'S STUDIO**  
**REGISTRATION FORM 2014-2015**

Please print this form and submit with the appropriate registration fee along with a signed copy of the student/parent contract.

Name:	
Date of Birth:	Age:
Address (including zip):	Home Phone:
Parent Name (Mother):	Parent Name (Father):
Occupation (Mother):	Occupation (Father):
Email (Mother):	Email (Father):
Student Cell Phone (if applicable):	
School:	Grade:
Students interests:	
Track of Study (Please check one):  <p style="text-align: center;">_____ Track A                      _____ Track B</p>	
Lesson Length and Frequency (Please check one):  <p style="text-align: center;">_____ 45 min/ once per week    _____ 60 min. / once per week    _____ 30 min. / twice a week</p>	

Make checks payable to: Slowik's Studio  
Mail to: Steven J Slowik 4308 Van Buren St – Hollywood, FL 33021