STUDENT REGISTRATION FORM
Music Dynamics of Wales LLC

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Student Name:		**DOB:**	**Grade:**	**Date:**
Home Address, City, Zip Code:				
Parent Names:		**Home Phone:**	( )	
Cell Phones:		**E-Mail:**		
Please select preferred time within the blue slots only!				***List vacation dates here!***

Time of Day	Monday	Tuesday	Wednesday	Thursday		
1:00						
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