



Hudson Education Center for the Arts

Spring 2019 Student Registration Form

Student Information:

Name of Student: _____

Student E-mail: _____

Date of Birth: _____

Grade: _____

Instrument: _____

Program(s): _____

Parent/Guardian Name (if student is under 18): _____

Parent/Guardian E-mail: _____

Address: _____

Preferred Phone Number: _____

Emergency Contact: _____

Signature and Date: _____