



community musicworks

waiting list enrollment form

Date: _____

parent / guardian information

Name(s) of Parent / Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Neighborhood (Circle One): Elmwood, Federal Hill, Mt. Pleasant, Olneyville, Silver Lake,
South Providence, West End

child information

Name of Child: _____

Date of Birth: _____ Gender: _____

Name of School: _____ Grade: _____

Music Background / Experience: _____

Is your child a member of the West End Community Center?: _____

Does your child attend the Met School?: _____

Does your child have siblings in the program? If yes, list names: _____

general information

How did you hear about Community MusicWorks?: _____

office use only

Date Received: _____ Database: _____