



# Paraclete Conservatory Application

Please indicate the program you are applying for:  Mozart Munchkins  Elementary Einsteins  Supervised Practice

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_ Child's Grade Level: \_\_\_\_\_  Male  Female

Primary Address: \_\_\_\_\_

Secondary Address: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Mother's Home E-mail Address: \_\_\_\_\_

Mother's Work E-mail Address: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father's Home E-mail Address: \_\_\_\_\_

Father's Work E-mail Address: \_\_\_\_\_

Musical Instruments of Interest: \_\_\_\_\_

Music Teachers' Names (if applicable): \_\_\_\_\_

Comments: \_\_\_\_\_

*please print, fill out and mail to:*

Paraclete Conservatory • P.O. Box 702 • Orchard Park, New York 14127