



Registration Form

(405) 242.5454, finearts@crossingsokc.org
crossingsokc.org/academy

Crossings Community Church
14600 N. Portland Avenue
Oklahoma City, Oklahoma 73134

Star () indicates required field.*

*Student Name: _____ Date of Birth ____ / ____ / ____
(Last) (First)

*Parent/Guardian Name (if student is under 18) _____
(Last) (First)

*Address _____

*City _____ *State ____ *Zip _____ *Email: _____

*Home Phone: _____ *Work or Cell Phone: _____

Present School and Grade Level: _____

Number of years of private instruction: _____

List other areas of music that you have studied: _____

*Please list the instrument you are interested in: _____

*First preferred lesson time: _____

*Second preferred lesson time: _____

ORIGINATION FEE—Please note that an origination fee of \$20 is required to register every student into the Academy. This helps to provide the administrative means for us to continue this educational opportunity. Make checks payable to Crossings Community Church. Once this form is reviewed, someone from Crossings Worship Ministry will contact you.

TUITION—Weekly tuition is in addition to the origination fee and varies for classes and teachers. Arrangements for payment of tuition are made with individual teachers.





Photo Release

Please read and sign the Photo Release
(select form applicable to student's age)

Photo Release (under 18): I, as a parent or legal guardian of a child participating in a Crossings Community Church class or activity, do authorize Crossings Community Church to photograph and/or record any/all events throughout the year for marketing, display or advertising purposes. By submitting this form, you agree to allow Crossings Community Church to utilize any/all images of you and/or your child for marketing, display or advertising purposes related to Crossings Community Church.

Please check box if you do not wish Crossings to utilize images of you and/or your child.

*Parent/Guardian Signature _____ *Date _____

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Photo Release (18 or older): I, as a participant in a Crossings Community Church class or activity, do authorize Crossings Community Church to photograph and/or record any/all events throughout the year for marketing, display or advertising purposes. By submitting this form, you agree to allow Crossings Community Church to utilize any/all images of you for marketing, display or advertising purposes related to Crossings Community Church.

Please check box if you do not wish Crossings to utilize images of you.

*Signature _____ *Date _____

