RENÉE LABONTE

## STUDIO of RENEE LABONTE

## 2025-26 ENROLLMENT FORM

**7403 Falls Road West ~ Boynton Beach, FL 33437**

**www.LaBonteStudio.com** | **Renee@LaBontestudio.com**

❑ Please return this enrollment form by Aug. 1, 2025.

❑ Please include your Registration/ Recital Activities Fee of $ 75 per family.

Make checks payable to **LaBonte Management and Performance**
If by Zelle pay directly to Renee LaBonte at**: 954-494-1411**

Please list names of children you wish to enroll for the fall semester.

_____ _____
Student Name Age
❑ 45 minute ❑ 60 minute

_____ _____
Student Name Age
❑ 45 minute ❑ 60 minute

_____ _____
Student Name Age
❑ 45 minute ❑ 60 minute

Preferences for lesson time:

Name:_____ 1st choice: Day_____Hours: Between ____ and _____

Name:_____ 2nd choice: Day_____Hours: Between ____ and _____

Name: _____ 3rd choice: Day_____ Hours: Between ____ and _____