

PIANO REGISTRATION

The Music Studio of Donna McLain

Student's Name _____ D.O.B. _____ Grade _____

Address _____ City _____ State _____ Zip _____

Student Cell Phone _____ Student's Email _____

Father _____ Occupation _____ Play instrument? _____

Mother _____ Occupation _____ Play instrument? _____

Parent's Cell Phone _____ Home Phone _____ Work Phone _____

Parent(s) Email _____

Lives primarily with: _____ Both parents _____ Mother _____ Father _____ Grandparents

Siblings Name/age _____

Please describe your piano: acoustic (real piano) full size/weighted keys digital synthesizer/electric keyboard

Brand/Model of Instrument _____ Good working order? _____

Keyboard/# of keys _____ Full size keys? _____ Weighted touch? _____ Pedal? _____

If you have a keyboard, do you plan to purchase an acoustic piano? _____

Do you have CD/MP3 player? _____ iPod? _____ iPad? _____ Internet? _____

Reason(s) why you want to your child to take lessons _____

How much does this student want to take piano lessons? A lot _____ A little _____ Not sure _____

Will this student be willing to practice at least 30 minutes/5 days a week? _____

Previous Piano Teachers and Dates _____

Religious Preference _____ Church you attend? _____

Music Style/Groups/Bands Preference _____

Do you want your child to learn church music/hymns? _____

Is there any type of music you will not allow your child to study? If yes, specify. _____

Student's Interest/Hobbies/Sports _____

Any learning or physical disabilities or areas of weaknesses? _____

Do I have your permission to post pictures of your child with their first name only on my website, Facebook page, or newspaper? _____

Does your child have any known food allergies/please list? _____

Best day/times for a lesson: #1 _____ #2 _____ #3 _____

After-school/Sports schedule _____

I agree to the 2016-2017 Piano Policies. Signature _____ Date _____

Date started lessons _____ Date ended lessons _____ Reason _____