PIANO REGISTRATION

The Music Studio of Donna McLain

Address	Student's Name		D.O.B		Grade	
Father Occupation Play instrument? Mother Occupation Play instrument? Parent's Cell Phone Home Work Phone Parents Work Phone Branch Schlings Name/age Please describe your piano: acoustic (real piano) full size/weighted keys digital synthesizer/electric keyboard of Instrument Good working order? Keyboard's of keys Full size keys? Weighted touch? Pedal? Internet? Keyboard's 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	Address	City		State Zip		
Mother	Student Cell Phone		Student's Email			
Parent's Cell Phone	Father	Occupation		Play instrument?		
Parent(s) Email	Mother	Oc	cupation		Play instrument?	
Lives primarily with:Both parentsMotherFatherGrandparents Siblings Name/age	Parent's Cell Phone	Home Phone		Work Phone		
Siblings Name/age	Parent(s) Email					
Please describe your piano: acoustic (real piano) full size/weighted keys digital synthesizer/electric keyboard Brand/Model of Instrument Good working order? Good working order? Good working order? Good working order? Brand/Model of Instrument Good working order? Good working order? Pedal? Full size keys? Weighted touch? Pedal? Pedal? If you have a keyboard, do you plan to purchase an acoustic piano? Pedal? Pedal	Lives primarily with:	Both parents	Mother	Fat	her Grandparents	
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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	Will this student be willing to	practice at least 30 mir	nutes/5 days a w	eek?	<u></u>	
Music Style/Groups/Bands Preference	Previous Piano Teachers and I	Dates				
Do you want your child to learn church music/hymns?	Religious Preference		Church you atte	end?		
Is there any type of music you will not allow your child to study? If yes, specify	Music Style/Groups/Bands Pre	eference				
Any learning or physical disabilities or areas of weaknesses?	Do you want your child to lear	n church music/hymns	3?			
Any learning or physical disabilities or areas of weaknesses?	Is there any type of music you	will not allow your ch	ild to study? If y	es, specify		
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Best day/times for a lesson: #1 #2 #3 After-school/Sports schedule I agree to the 2016-2017 Piano Policies. Signature Date			nild with their fi	rst name only on m	y website, Facebook page, or	
After-school/Sports schedule	Does your child have any know	wn food allergies/pleas	e list?			
I agree to the 2016-2017 Piano Policies. Signature Date	Best day/times for a lesson: #1		#2	#3		
	After-school/Sports schedule _					
	I agree to the 2016-2017 Piano	Policies. Signature			Date	
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