

REGISTRATION FORM

PRIVATE PIANO LESSONS (CHILDREN)

Student Name: _____

Age: _____ Grade in School: _____

Years of Previous Lessons: 0 1 2 3 4 5 6 7 +

Other Instruments Played: _____

Any Special Needs or Concerns? _____

Staying focused for 35 minutes will be:

_____ Impossible

_____ A challenge

_____ Easy

Parent Name: _____

Phone Number: _____

Text Number: _____

Email: _____

Address: _____

Preferred Payment Schedule

_____ Weekly (\$18)

_____ Monthly (\$72 for 4-week months. \$90 for 5-week months.)

