

STUDENT INFORMATION

STUDENT NAME: _____

AGE: _____

PRIVATE LESSON: _____ GROUP CLASS: _____

START DATE FOR FIRST LESSON OR CLASS: _____

HOME PHONE: () _____

WORK PHONE: () _____

CELL PHONE: () _____

HOME ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

Please list any instruments you play and tell how long you've been playing: _____

Do you read music? _____

Musical experience(education, performance, etc.): _____

What are your goals with these lessons or group classes? _____

How did you hear about Cool Piano Songs Music Studio? _____

“I have read and understand the Cool Piano Songs Music Studio Policies.”

Signed: _____ Date: _____

PARENT/GUARDIAN INFO: (if student is under 18)

PARENT/GUARDIAN NAME(S) _____

WORK PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT : _____ PHONE: _____