

Enrollment Date: _____

Piano Passion

704-299-9161
info@pianopassionnc.com

Registration Form

***PLEASE READ** and Fill out entire form*

Name _____ Nickname _____

Address _____

City, State _____ Zip _____

Date of Birth _____ Age _____ Sex _____ Race (optional) _____

Parent or Guardian (if under 18)

Mother: _____ Father: _____

Occupation: _____ Occupation: _____

Home Phone: _____ Home Phone: _____

Mom Cell Phone _____ Dad Cell Phone _____

Mom Work Phone _____ Dad Work Phone _____

Other Phone: _____ Email _____

Emergency Contact:

Name _____ Phone _____

How did you hear about us? _____

**Tuition remains the same regardless of absences, holidays, and/or cancellations*

****When registering your child for lessons please keep in mind that occasionally there will be additional expenses for books, sheet music and other items. Piano Passion will try to provide the least expensive product. Thank you.****

Required: I have read the Studio Policy and procedures and agree to adhere to them

Parent Signature _____ Date _____

Student Signature _____ Date _____

Due at time of Registration:

Annual Registration Fee: \$30.00

Annual Family Registration Fee: \$45.00

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Please list any previous music instruction or experience and length of time studied also list teacher student studied with:

1. _____
2. _____
3. _____

| Length of Lesson | Location |
|---|--|
| <input type="checkbox"/> 30 Minute Individual /Family | <input type="checkbox"/> Studio |
| <input type="checkbox"/> 60 Minute Individual /Family | <input type="checkbox"/> School/Childcare Facility |
| <input type="checkbox"/> 60 Minute Group | <input type="checkbox"/> Home (currently only Ballantyne Area) |

Preferable day and time for lessons: _____

Has child been diagnosed with any Learning Disabilities? Yes/ No

Has child been tested as gifted? Yes/ No

Academic School _____ Grade _____

Are you enrolled in any music classes at school? _____

Music Teacher's Name: _____

Do you own your own piano or keyboard? Yes/ No If yes, do you have a piano or a keyboard? Yes/ No

Does anyone in the family play piano? Yes/ No

Is child involved in any other activities that will affect practice schedule? Please List:

1. _____
2. _____
3. _____

Please list all allergies and if they are food related:

1. _____
2. _____
3. _____

Any religious affiliations that may affect holiday celebrations, recitals, or music child plays and/or listens to: _____