Creek Crossing Music Studio

CreekCrossingMusic.com 972-571-3958

PIANO STUDY ENROLLMENT FORM

Please complete this form and return it to your instructor.

Mother's Name		Father's Name			
Home Address Street		City	Zip		
Home Telephone		Work			
Cell Phone	e-mail				
Child's Name		Current Age	Birth Date		
School		_Grade			
Type of lesson (private, buddy, a	After School Clas	s, Home School Class)			
Length of Previous Study		_Teacher(s)			
Has student participated in a other musical activities such Festivals, church or music pr	n as worksho	ps, recitals, competition	s, Certificate of Merit, Bach		
Does either parent have a m	usical backgro	ound? If so, to what exte	ent?		

Briefly state what your musical goals are for your child. You may wish to discuss this with your child. I am interested in knowing the kind of music in which there is most interest, whether or not you are interested in piano competitions, what kind of music is listened to in the home, and your ambitions, motivations for having your child study piano, etc.

Other concerns (a	allergies, fears, etc	.)		
	liergiee, reare, etc	.)		
Tuition amount		_		
Materials fee		_		
Total		_		

I have read the Studio Policies of Creek Crossing Music Studio and I understand my obligations and responsibilities as stated or implied.

Date

Parent Signature