



"The Keys to
Possibilities"

LAKE COOK PIANO STUDIO LLC

Student Registration Form 2020

STUDENT INFORMATION

Student's Name:

Child's Date of Birth:

Child's Age:

Male:

Female:

School Name:

Grade:

Current Address:

City:

State:

ZIP Code:

Primary Phone:

Other Phone:

Fax:

Primary E-mail:

Other Email

PARENT/GUARDIAN INFORMATION

Mother's Name:

Primary Contact:

Current Address:

City:

State:

ZIP Code:

Primary Phone:

Other Phone:

Fax:

Primary E-mail:

Other Email

Father's Name:

Primary Contact:

Current Address:

City:

State:

ZIP Code:

Primary Phone:

Other Phone:

Fax:

Primary E-mail:

Other Email

Legal Guardian's Name:

Primary Contact:

Current Address:

City:

State:

ZIP Code:

Primary Phone:

Other Phone:

Fax:

Primary E-mail:

Other Email

EMERGENCY CONTACT INFORMATION

(PREFERABLY SOMEONE NOT RESIDING WITH YOU)

Name:

Phone:

Address:

State:

ZIP Code:

City:

Relationship:

MEDICAL INFORMATION

Does the student listed on this form have a disability, medical condition or allergy you would like us to know about?

YES: NO: If yes, please explain below.



"The Keys to Possibilities"

LAKE COOK PIANO STUDIO LLC

Student Registration Form 2020

WHAT ARE YOU INTERESTED IN TAKING?

Private Piano Lessons: <input type="checkbox"/>	Class Piano Lessons: <input type="checkbox"/>	Web Piano Lessons: <input type="checkbox"/>
Private Recording Arts Lessons: <input type="checkbox"/>	Class Recording Arts Class: <input type="checkbox"/>	
Private Song Writing/Composition Lessons: <input type="checkbox"/>	Class Song Writing/Composition: <input type="checkbox"/>	Web Song Writing/Composition Lessons: <input type="checkbox"/>
Private Drum Lessons: <input type="checkbox"/>	Class Drum Lessons: <input type="checkbox"/>	Web Drum Lessons: <input type="checkbox"/>

Any other lessons/classes you would like offered?

OTHER PERTINANT INFORMATION

How did you hear about us?

Why are you interested in taking lessons?

Do you have a musical background or play any instruments?

Have you taken lessons before? YES: NO: If so, please tell us about your previous experience.

Please tell us about any other skills and talents you possess as well as any other interests you have.

SIGNATURES

I have read and understand the studio policies and agree to abide by the terms and guidelines of the studio and certify that the information I provided on this and all other forms is true and correct.

Signature of Student:

Date:

Signature of Parent/Guardian:

Date:

FOR OFFICE USE ONLY

LESSON DAY:		LESSON TIME:	
LESSON DURATION:		LESSON START DATE:	
INSTRUMENT:			