



"The Keys to Possibilities"

LAKE COOK PIANO STUDIO LLC

Private Lessons Registration Form

STUDENT INFORMATION

Student's Name:		
Date of Birth:	Age:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
School Name:	Grade:	
Current Address:		
City:	State:	ZIP Code:
Primary Phone:	Other Phone:	Fax:
Primary Email:	Other Email:	

PARENT/GUARDIAN INFORMATION

Mother's Name:		Primary Contact: <input type="checkbox"/>
Current Address:		
City:	State:	ZIP Code:
Primary Phone:	Other Phone:	Fax:
Primary Email:	Other Email:	
Father's Name:		Primary Contact: <input type="checkbox"/>
Current Address:		
City:	State:	ZIP Code:
Primary Phone:	Other Phone:	Fax:
Primary Email:	Other Email:	
Legal Guardian's Name:		Primary Contact: <input type="checkbox"/>
Current Address:		
City:	State:	ZIP Code:
Primary Phone:	Other Phone:	Fax:
Primary Email:	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 we should be made aware of?
YES: NO: If yes, please explain below.

(CONTINUED ON NEXT PAGE)



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WHAT ELSE 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"/>	Web Song Writing/Composition Lessons: <input type="checkbox"/>
Private Song Writing/Composition Lessons: <input type="checkbox"/>	Class Song Writing/Composition: <input type="checkbox"/>	Web Drum Lessons: <input type="checkbox"/>
Private Drum Lessons: <input type="checkbox"/>	Class Drum Lessons: <input type="checkbox"/>	Music Camps: <input type="checkbox"/>

Are there any other music lessons or programs that you would like offered?

OTHER PERTINENT 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 policy and agree to abide by its terms and the guidelines of LCPS 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:			