

2018-2019 Registration Form (Adult)

☐ Piano ☐ Voice

Student Name (First / La	ast)	Date of birth	Age
Registering for:	☐ 30-Minute Lessons	☐ 45-Minute Lessons	☐ 60-Minute Lesson
Address (Street / City / S	State / Zip)		
Primary Phone	Secondary Phone	Email	
How often is email chec	ked?	Preferred method(s) of contact: ☐ Phone	☐ Email ☐ Tex
Emergency contact			
Is it OK to send accoun	t statements via email? Yes	□ No	
users to check the sch		e granted a unique User ID and Password. and events, download extra materials, view ia credit card.	
Will you be able to acce	ess to the internet in order to visit the	e studio's website? Yes No	
How did you hear about	Music on the Brain Piano Studio? _		
If yes, please describe (c before? ☐ Yes ☐ No where, when, how long, what instrur	nents, which books/ programs, what was your	·
Does anyone else in you	ur family or household play the pianc	or have a musical background?	
What kinds of music do	you enjoy listening to, singing, playir	ng, etc? (genres, specific bands/ groups/ song	ıs, etc.)

BACKGROUND

What other hobbies or activities are you in	volved with or interested in?	
Miscellaneous Information (allergies, dieta	ary restrictions, disabilities, developmental concer	rns, religious considerations, etc.)
Is there anything else you would like me to	know about you?	
LEGAL		
Media Release		
	ng with the students' first names/ last initials, and ons. Do I have your permission to use pictures are	
□ Yes □ No Comments		
Studio Policy Disclaimer		
Do, and (4) Monthly Tuition Schedule. By	read these four 2018-2019 documents: (1) Sturegistering in Music on the Brain Piano Studio, I ditions, policies, and procedures are subject to cludio/ Sarah Folkerts.	agree to abide by the terms outlined in
Signature	Printed Name	Date Signed
Liability Release		
	on the Brain Piano Studio. I assume all risks and has against Music on the Brain Piano Studio/ Sara	
loss, theft, damage, destruction, and/or ot	sly disclaims all liability and responsibility of even her casualty to any personal property of any kind nust personally take full responsibility for the safe	owned by any student, visitor, or other.
suffered by me or to my property because	on the Brain Piano Studio and its activities are volon of participation in any activity or use of equipmen ill not hold Music on the Brain Piano Studio/ Sai	t or facilities during lessons or activities
Signature	Printed Name	 Date Signed