



**GENERAL**

**Student Information**

Student Name (First/ Last) \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Registering for:    30-Minute Lessons     45-Minute Lessons     60-Minute Lessons

Address (Street/ City/ State/ Zip) \_\_\_\_\_

School \_\_\_\_\_ School District \_\_\_\_\_ Grade \_\_\_\_\_

What other hobbies or activities is the student involved with or interested in? \_\_\_\_\_

Miscellaneous Information (allergies, dietary restrictions, disabilities, developmental concerns, religious considerations, etc.) \_\_\_\_\_

Is there anything else you would like me to know about this student? \_\_\_\_\_

**Music Background**

Has this student studied music before?    Yes     No

If yes, please describe (where, when, how long, what instrument, which books/programs, what was the student's experience, etc.) \_\_\_\_\_

Describe how the student has exhibited an interest in music and the piano. \_\_\_\_\_

What are your and/ or your child's goals for taking piano lessons? \_\_\_\_\_

Does anyone else in the family play the piano or have a musical background? \_\_\_\_\_

What kinds of music does the student enjoy listening to, singing, playing, etc.? (genres, specific bands/ groups/ songs, etc.) \_\_\_\_\_

**Parent(s)/ Guardian(s) Information**

Primary Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Primary Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

How often is email checked? \_\_\_\_\_ Preferred method(s) of contact:  Phone  Email  Text

Is it OK to send account statements via email?  Yes  No

How did you hear about Music on the Brain Piano Studio? \_\_\_\_\_

Music on the Brain has a studio website, to which you'll be granted a unique User ID and Password. The Student Portal allows users to check the schedule, sign up for group lessons and events, download extra materials, view the status of borrowed materials, and more. The Parent Portal has the same content as the Student Portal, plus an "Accounts & Invoices" page where you can view account statements and make payments via credit card. If a parent has multiple students taking lessons, the parent can see the information for all their children with a single User ID, while each child who logs in can only see his or her own calendar, downloads, messages, etc.

Are you and/ or your child(ren) able to access to the internet in order to visit the studio's website?  Yes  No If yes, which email address(es) do you want to use to access the portals?

\_\_\_\_\_  
Parent Portal (if different from above)

\_\_\_\_\_  
Student Portal

**LEGAL**

**Media Release**

Pictures and videos of my students, along with the students' first names/ last initials, are occasionally posted on the studio's website included in other studio publications. Do I have your permission to use pictures and videos of this student, along with first name/ last initial, as described?

Yes  No Comments \_\_\_\_\_

**Studio Policy Disclaimer**

I have received copies of and thoroughly read these four 2018-2019 documents: (1) Studio Policies, (2) Calendar, (3) What to Do, and (4) Monthly Tuition Schedule. By registering my child in Music on the Brain Piano Studio, I agree to abide by the terms outlined in each. I understand that all terms and conditions, policies, and procedures are subject to change at any time without notice at the discretion of Music on the Brain Piano Studio/ Sarah Folkerts.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed

**Liability Release**

As parent or legal guardian, I permit my child to participate in all activities of Music on the Brain Piano Studio. I assume all risks and hazards incidental to such participation, and do hereby release and waive all claims against Music on the Brain Piano Studio/ Sarah Folkerts.

Music on the Brain Piano Studio expressly disclaims all liability and responsibility of every kind and nature whatsoever for any loss, theft, damage, destruction, and/or other casualty to any personal property of any kind owned by any student, visitor, or other. Students are advised and warned they must personally take full responsibility for the safekeeping of all their property on studio premises and during any studio activities.

I understand that participation in Music on the Brain Piano Studio and its activities are voluntary. Therefore, any loss or injury suffered by me, my minor child/ children, or to my/ our property because of participation in any activity or use of equipment or facilities during lessons or activities is my sole responsibility. I agree that I will not hold Music on the Brain Piano Studio/ Sarah Folkerts liable for any such loss or damage to my person or property.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed