

ELIZABETH EVANS RICHTER'S PIANO STUDIO

REGISTRATION FORM

Please read the policies and procedures attached and then sign this contract for my files.

I AGREE TO THE POLICIES AS LISTED AND WISH TO ENROLL MY CHILD IN PIANO LESSONS FOR THE 2019-2020 SCHOOL YEAR.

*SIGNATURE:
(Parent)*

DATE:

I AGREE TO THE POLICIES AS LISTED AND WISH TO ENROLL IN THE PIANO COURSE FOR THE 2019-2020 SCHOOL YEAR.

*SIGNATURE:
(Student)*

DATE:

STUDIO INFORMATION

Student's Full Name:

Parents' Names:

Age: _____

Address:

Date of Birth: _____

Grade this year: _____

Home Phone: _____

School: _____

Work Phone: _____

Email Address: _____

Cell Phone: _____

Yes / No Student names & pictures may be posted on the studio website.

Yes / No Student performance videos may be uploaded to YouTube and posted on the studio website.

Yes / No Contact name, phone #, and email address may be placed on a "swap" list to exchange with other students.

