

# Fredericksburg Piano Studio

1712 Augustine Avenue  
Fredericksburg, Virginia 22401  
540.372.2033

Student Name \_\_\_\_\_ Start date \_\_\_\_\_

Date of Birth (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year – if child) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Parent's name (if child) \_\_\_\_\_

Previous musical experience \_\_\_\_\_  
\_\_\_\_\_

Grade in school \_\_\_\_\_

Do you enjoy reading? \_\_\_\_\_

Do you enjoy math? \_\_\_\_\_

Do you like to sing? \_\_\_\_\_

Have you had piano or keyboard lessons before? \_\_\_\_\_ For how long? \_\_\_\_\_

Why do you want to learn to play the piano? \_\_\_\_\_  
\_\_\_\_\_

I give my permission to have my child/myself enroll in private piano instruction through Fredericksburg Piano Studio. I understand that lessons will be on a weekly basis and last for \_\_\_\_\_ minutes. The monthly fee for lessons is \_\_\_\_\_. I understand that I will be responsible to attend lessons weekly and practice daily. I agree to pay all monthly lesson fees and material fees in a timely manner. I understand that lessons cannot be rescheduled without 24 - hour notice, and only at the availability of the teacher.

Responsible adult's signature \_\_\_\_\_ Date \_\_\_\_\_

Student's signature \_\_\_\_\_