



PIANO STUDY ENROLLMENT FORM

Please complete this form and return to:

Christensen Music
1604 Victory Blvd
Glendale, CA 91201

Phone: 818-241-5872 | lanote@earthlink.net | www.ChristensenMusic.com

Mother's name: _____ Father's name: _____

Home address: _____
Street City Zip code

Home telephone: _____ Work (mother): _____ (father): _____

Cell phone: _____ E-mail: _____

Student name: _____ Current age: _____ Birth date: _____
Mo. Day Yr.

Public or private school: _____ Grade: _____

Length of previous study: _____ Teacher(s): _____

Has student participated in any MTAC, MTNA, National Guild of Piano Teachers Auditions, or other musical activities such as workshops, recitals, competitions, Certificate of Merit, Bach Festivals, church, or music programs? If so, please

list a few of the most recent: _____

Does either parent have a musical background? If so, to what extent? _____

Briefly state what your musical goals are for your child. You may wish to discuss this with your child. I am interested in knowing the kind of music in which there is most interest, whether or not you are interested in piano competitions, what kind of music is listened to in the home, and your ambitions and motivations for having your child study piano, etc.

I have read the Studio Policies of _____ and I understand my obligations and responsibilities as stated or implied.
(Teacher's name)

Parent signature: _____ Date: _____