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Annual Information Update

PLEASE FILL OUT BOTH SIDES OF THIS FORM.
This needs to be completed every year to keep our records up to date.

Your comments and evaluation are very important to us as we begin each year of piano study. We appreciate your insight as you complete this form.

Today's Date:

Adult Student Name:
[Please Print]

Spouse Name:

Scheduling — Your Availability For Lessons and Makeups

So we can best schedule lessons for your family, Keep in mind kids schedules and traveling obligations. Also indicate any days not available.

Phone Numbers

Home:

Work:
Cell phone:

Spouse Work:
Spouse Cell phone:

	<u>Mon</u>	<u>Tues</u>	<u>Wed</u>	<u>Thurs</u>
Times Available (2:00-9:30pm)				
Other Commitments & Times (i.e. Kids' schedules, traveling obligations)				

List Emails for Updates and Correspondence
(Usually about once a month)

Home Email:

Work Email:

Other Email:

Teacher, Day, Time , and Lesson Length Preferences
(PLEASE CIRCLE)

Street Address

Town

Zip code

Paul Nazzaro (Mon-Thurs) 2:00-9:30 PM
Tasha Gwin (Mon & Wed) 4:00-8:30 PM
Anna Khanina (Tues & Thurs) 2:00-9:30 PM

30 minutes 45 Minutes 60 Minutes

Availability: Mon Tues Wed Thurs Fri

Person to Contact In Case of Emergency (after spouse)

Name:
Relationship:
Phone Number:

Earliest Time Available:

Latest Time Available:

Preferred Day and Time Range:

Current Age: [OPTIONAL! but helpful]

I have read, understand, and agree to both sides of the Admissions Agreement, have read and agree to the Studio Policies as listed on the Admissions Agreement, and have a copy of the Yearly Lesson Schedule, and have filled out IN FULL the Introductory Questionnaire or Annual Information Update.

ADULT STUDENT'S SIGNATURE: _____ DATE OF SIGNATURE: _____

PRINT ADULT STUDENT'S NAME: _____

ANNUAL INFORMATION UPDATE

SECTION A: Family Musical Background

What instruments are played in the family? By whom?

What music study have your parents had?

What contact with classical music does the family have?
(attending concerts, heard at church, listening to recordings
or radio, etc.)

SECTION B: Previous Musical Experience

Instrument: _____ Years of study: _____
Teacher Name: _____

Instrument: _____ Years of study: _____
Teacher Name: _____

Approximate Level: (Please circle one)

Absolute Beginner Beginner
Intermediate Advanced College Trained

Example Repertoire Pieces:

SECTION C: Are there other points which you feel might be helpful for us to know as we begin lessons?

Visual/Eye Problems (e.g. glasses, contacts, etc.):

General Physical Wellness:

Hearing:

Allergies (please list):

Right-Handed? Left-Handed? (Circle one)

Other:

SECTION D: Piano and/or Keyboard Information

Piano

Brand (e.g. Steinway):

Kind (e.g. spinet, full upright, baby grand)

Year Made (estimate if needed):

Condition:

Last date Tuned (estimate if needed):

Keyboard/Digital Piano

Brand (e.g. Yamaha):

Model (e.g. PSR-530)

Kind (e.g. keyboard, synthesizer, digital piano)

Year Made (estimate if needed):

Condition:

Number of keys:

List accessories you have (e.g. sustain pedal, keyboard stand, headphones, bench):

SECTION E: Other Important Questions

Favorite styles of music? (classics, popular standards (e.g. Gershwin/Rodgers & Hart), rock, jazz, Broadway, New Age, etc.)

What would you like to accomplish next year?