



# 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:

Student(s) Name:

Parents' Names (First and Last)

\_\_\_\_\_  
*Phone Numbers:*

Home:

Father Work:

Father Cell phone:

Mother Work:

Mother Cell phone:

Student Cell phone: (Gr. 8-12 students)

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

Email (Mother):

Email (Father):

Email (Student):

Street Address

Town

Zip code

Date Of Birth

Current Age

Grade for Fall 2009-2010

School Attending 2009-2010

**Person to Contact In Case of Emergency (after parents)**

Name:

Relationship:

Phone Number:

## Scheduling

### Your Availability For Lessons and Makeups

*So we can best schedule lessons for your family, Keep in mind sibling and work schedules. Also indicate any days not available.*

	<u>Mon</u>	<u>Tues</u>	<u>Wed</u>	<u>Thurs</u>
Times Available (2:00-9:30pm)				
Other Activities & Times (i.e. sports, scouts, religious)				

**Does the student participate in a TRAVELING sport?**

Yes No

If so, which sport? \_\_\_\_\_

**Name the Months committed to the Sport:**

**REMEMBER WE MAY NOT BE ABLE TO CHANGE DAY/TIME MID-YEAR  
WHEN YOU FIND OUT TRAVEL SPORTS SCHEDULES!**

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

Paul Nazzaro (Mon-Thurs) 2:00-9:30 PM

Tasha Gwin (Mon & Wed) 4:00-8:30 PM

Dr. Galina Zisk (Tues & Thurs) 2:00-8:30 PM

Brynne Bartiromo (Fridays) 3:45-6:15 PM

30 minutes

45 Minutes

60 Minutes

Availability: Mon

Tues

Wed

Thurs

Fri

Preferred Day & Time:

**ASK YOUR CHILD** to complete this sentence: *"The reason I am continuing piano lessons is because..."*

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 & the Weekly Practice Schedule, and have filled out IN FULL the Introductory Questionnaire or Annual Information Update.

PARENT or ADULT STUDENT'S SIGNATURE: \_\_\_\_\_

DATE OF SIGNATURE:

**PRINT** PARENT or ADULT STUDENT'S NAME: \_\_\_\_\_

*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.*

**SECTION A: Family Musical Background**

What instruments are played in the family? By whom?

What music study have the parents had?

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

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**SECTION B: Student Musical Experience**

Instrument: \_\_\_\_\_ Years of study: \_\_\_\_\_  
Teacher Name: \_\_\_\_\_

Instrument: \_\_\_\_\_ Years of study: \_\_\_\_\_  
Teacher Name: \_\_\_\_\_

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**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 and Development:  
Hearing:  
Allergies:  
Right-Handed? Left-Handed? (Circle one)  
Favorite school activities/subjects?

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**SECTION D: Please comment on your child's progress in school. You might mention:**

*(e.g. excellent, good, fair, poor, etc.)*

Reading ability:  
Physical Coordination:  
Concentration Span:  
Social Adjustment (Working in a group):  
Other:

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**SECTION E:  
Are there any learning disabilities?**

Yes No

Please list: \_\_\_\_\_

**Are there any physical disabilities?**

Yes No

Please list: \_\_\_\_\_

**SECTION F: Are there other points which you feel might be helpful for us to know as we begin lessons or health related issues?**

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

General Physical Wellness and Development:

Hearing:

Allergies:

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

Favorite school activities/subjects?

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**SECTION G: 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):**

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**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:(61, 72, 88?)

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