



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 Name(s): _____

Parents' Names (First and Last)

Phone Numbers

Home: _____

Mother Work: _____

Mother Cell phone: _____

Father Work: _____

Father 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 2018-2019 _____

School Attending 2018-2019 _____

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 For Lessons (3:30-9:15pm)				
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 CAN NOT CHANGE DAY/TIME MID-YEAR WHEN YOU FIND OUT SPORTS SCHEDULES AFTER WE ASSIGN YOUR DAY AND TIME!

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

Paul Nazzaro (Mon Tues Wed Thurs) 3:30-9:15 PM

Mark Raimondi (Mon Tues Wed Thurs) 3:30-9:15 PM

30 minutes 45 Minutes 60 Minutes

Availability: Mon Tues Wed Thurs

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: _____

PLEASE FILL OUT BOTH PAGES OF THIS FORM

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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.)

SECTION B: Student Musical Experience

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

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

**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?

**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:

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

Yes No

Please list: _____

Are there any physical disabilities?

Yes No

Please list: _____

SECTION F: 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):

Keyboard/Digital Piano:

Brand (e.g. Yamaha):

Model Number (e.g. PSR-530)

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

Year Made (estimate if needed):

Condition:

Number of keys: (61, 76, 88?)

Do you have a bench to sit on? (Circle one) YES NO

List accessories you have (e.g. bench to sit on, keyboard stand
to put keyboard on, sustain pedal, headphones, etc.):