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PRIVATE PIANO LESSON  
ADULT STUDENT REGISTRATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ALLERGIES OR MEDICAL CONDITIONS: \_\_\_\_\_

PREVIOUS LEVEL OF STUDY AND TEACHERS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS STUDIO? \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

