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PRIVATE PIANO LESSON
STUDENT REGISTRATION

STUDENT'S NAME: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

TELEPHONE: _____

PARENTS' E-MAIL ADDRESS: _____

STUDENTS' E-MAIL ADDRESS: _____

DATE OF BIRTH: _____

SCHOOL AND GRADE LEVEL: _____

PREVIOUS MUSIC STUDY AND TEACHERS: _____

ALLERGIES OR MEDICAL CONDITIONS: _____

HOW DID YOU HEAR ABOUT THE STUDIO? _____

TODAY'S DATE: _____

