



Cynthia Van Arsdale

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REGISTRATION

Name of student _____

Date of Birth _____ Age _____ Grade _____

Previous piano lessons: _____no _____yes / How long? _____

Instrument available for daily practice: *check all that apply*

_____ Acoustic _____ Digital (weighted keys) _____ Keyboard _____ Toy keyboard

Other musical experience _____

Any hearing, vision, and/or learning disabilities: _____no _____yes (*please explain*)

Parent(s)/Guardian _____

Address _____ Zip _____

Mom's cell _____ Text: _____yes _____no

Dad's cell _____ Text: _____yes _____no

Home phone _____

E-mail _____

Attached is \$50/family. I have reviewed the **Studio Policies** and agree to the terms therein.

Parent or responsible party

Date