

# The Piano Studio of Erin VanWinkle

## Registration Form, Spring 2015

Student's Name \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Siblings in Studio: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Parents' Phone Numbers: \_\_\_\_\_ (cell/work/home, circle one)

\_\_\_\_\_ (cell/work/home)

\_\_\_\_\_ (cell/work/home)

Preferred Email Address: \_\_\_\_\_

Emergency Contact (if parent cannot be reached): \_\_\_\_\_

Relationship: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Known Allergies/Medical Conditions: \_\_\_\_\_

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