



mt Studio - New Student Questionnaire

Guitar.Percussion. Piano.Ukulele. Voice

Student's Name: _____

Birth date: _____ **Parent's Name(s):** _____

School & Grade: _____

School and/or Private Music Teacher Name/Contact: _____

Student's Musical Interests: _____

Preferred Contacts:

Mailing Address: _____ **Email:** _____

Phone(s): _____ cell _____ home _____

How did you hear about lessons through our studio? _____

Diagnosis(es): _____

Medications that may impact lessons: _____

Sensory Needs: _____

Preferred Communication: Verbal ___ American Sign Language ___

Technology Device ___ Pictures ___ Other: please describe _____

Please detail music making in the family (amateur, leisure, professionally):

Please describe... Any involvement in school or church music programs:

Has your child received music training and/or lessons outside of school: What instrument? _____ **How long & where?** _____

What style of teaching DOES or DOES NOT work well with your child?

Additional concerns, questions, etc.: _____

Emergency Contact: Name & Relationship:

_____ **Phone #:** _____

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Rate: ___ per ___ minutes. **Sibling or Neighbor Discount?**

Date - Cancellation/Payment Policies Discussed: _____

Scheduled lesson: _____ **at** : ___ m **Completed by:** _____

SCHEDULING LESSONS:

Indicate availability for lesson times next to each day, below:

- **Monday:** Student can begin as early as ____ and finish as late as ____.
- **Tuesday:** Student can begin as early as ____ and finish as late as ____.
- **Wednesday:** Student can begin as early as ____ and finish as late as ____.
- **Thursday:** Student can begin as early as ____ and finish as late as ____.
- **Friday:** Student can begin as early as ____ and finish as late as ____.
- **Saturday:** Student can begin as early as ____ and finish as late as ____.

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Rate: ____ per ____ minutes. **Sibling or Neighbor Discount?**

Date - Cancellation/Payment Policies Discussed: _____

Scheduled lesson: _____ at ____ : ____ m **Completed by:** _____

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