Reclaimed Hands
STUDIO

Piano Lesson Enrollment Form

Piano lessons · Ages 5–12 · 30 minutes weekly

Student Information

Student's Full Name _____

Date of Birth _____

Age _____

Grade _____

Prior Piano Experience

☐ No prior experience ☐ Some experience ☐ Previous lessons

If previous lessons — how long and at what level?

_____

Parent / Guardian Information

Parent/Guardian Full Name _____

Relationship to Student _____

Phone Number _____

Email Address _____

Home Address

_____

City _____

Zip Code _____

Emergency Contact

Complete only if different from parent/guardian above.

Emergency Contact Name

Relationship to Student

Phone Number

Medical & Learning Needs

Does your child have any medical conditions or learning needs we should be aware of?

☐ No

☐ Yes — please describe below

Scheduling Preferences

Lessons are available Monday–Thursday, 9:00 AM–4:00 PM.

Preferred Day(s)

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

Preferred Time

☐ 9:00–11:00 AM

☐ 11:00 AM–1:00 PM

☐ 1:00–3:00 PM

☐ 3:00–4:00 PM

Any scheduling notes?

Agreement

By signing below, I confirm that I have read and agree to the Reclaimed Hands Studio policies, including the enrollment commitment, tuition and payment terms, cancellation and makeup lesson policy, and supply responsibilities.

Parent/Guardian Signature

Printed Name

Date

For Studio Use Only

Enrollment Date

Start Date

Assigned Day

Assigned Time