



Accelerated Piano Program

CLIENT INFORMATION AND AGREEMENT

All information is required

Student (child) Name _____

Street Address _____

City, State and Postal Code _____

Telephone Numbers _____

E-mail Address _____

Whom to Contact in Case of Emergency: _____

Relationship: _____

Telephone Numbers _____

Name of Parent(s) or Guardian(s) (child(s) if student is under 18):

Street Address (if different from student address):

Telephone Numbers (if different from student numbers):

Alternate Adult (18+) Supervisors authorized to drop off and/or pick up student:

1. Name _____

Relationship: _____

Telephone Numbers: _____

2. Name _____

Relationship: _____

Telephone Numbers: _____