Accelerated Piano Program

CLIENT INFORMATION AND AGREEMENT

All information is required.

Student (client) 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) (client(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: _____