



Enrollment Form

(Please bring this completed form to the next lesson)

Piano Instructor: Margo Cox, NCTM

Email: mrsc@margocox.org

Phone: (509) 301-6333

Caregiver's Name(s): _____

Home Address _____

City _____ State ____ Zip _____

Phone: _____ Email: _____

Student's name: _____ Current age: ____ Birthdate: _____

Student's school: _____ Grade: _____

Please tell me about your musical goals for your child. I am interested in knowing about favorite types of music, any interest in piano competitions, your ambitions for having your child study piano and anything else you feel I should know:

Do you have an acoustic piano in your home?
I recommend having it tuned annually.

Please circle: Yes / No

If not, do you have a digital keyboard with 88 weighted keys?

Yes / No

Is there an adult who can supervise and support practice sessions?

Yes / No

Do you or any other family members have a musical background?

Yes / No

Please let me know that you have read my studio policy on my website, margocox.org, & agree to your responsibilities by signing below.

Parent signature: _____ Date: _____