

DCSA Summer Piano Application

Please print clearly. A separate application must be filled in for each family member taking classes.

STUDENT INFORMATION *(Leave phone & email blank if the student does not have one)*

Full Name: _____
Last Name First Name

Address: _____
House # & Street City State Zip

Phone: (____) _____ Can receive texts? Yes No

Email: _____

DOB: ____/____/____ Age: ____ Gender: Male Female

PARENT OR GUARDIAN INFORMATION *(Fill in for Minors Only)*

Parent/Guardian Name: _____
Last Name First Name

Parent/Guardian Phone: (____) _____ Can receive texts? Yes No

Parent/Guardian Email: _____

Relation to student: Mother Father

Other: _____

EMERGENCY CONTACT INFORMATION

Full Name: _____
Last Name First Name

Phone: (____) _____ Can receive texts? Yes No

Relation to student: _____

FAMILY INFORMATION

Please list other family members that are attending DCSA.

_____	_____
_____	_____
_____	_____

HEALTH INFORMATION *Please list any health conditions we should be aware of.*

Please fill in the class information on the back.

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PLEASE NOTE: Private lesson time slots are first come first serve. Please select multiple times you are available so we can fit everyone into the schedule.

Mondays

Piano (*Beginners Only, 5+ yrs*)

10:00 AM 11:00 AM 12:00 PM 1:00 PM 2:00 PM 3:00 PM

Fridays

Piano (*Beginners Only, 5+ yrs*)

4:30 PM 5:30 PM 6:30 PM