

# DCSA Summer 2025 Piano Application

## Piano (*Beginners Only, 5+ yrs*)

*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 who attend 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-served. Please select multiple times you are available so we can fit everyone into the schedule.

<b>Mondays</b>
<input type="checkbox"/> 12:00 PM
<b>Wednesdays</b>
<input type="checkbox"/> 10:00 AM <input type="checkbox"/> 11:00 AM <input type="checkbox"/> 12:00 PM
<b>Request Day/Time</b> <i>(Requested days &amp; times may not be available)</i>
Day(s): _____ Time(s): _____