

Dawn's Piano Studio est. 2006

Contact Information and Scheduling Form

Student's Name:

Birthdate:

Address:

Parent's Name(s) (if applicable):

Home phone:

Work phone:

Cell phone:

General email address:

Billing email address (if different):

Preferred way to contact (phone, email, text, etc.):

School attending (if applicable):

Grade:

Availability: Please put an X through any times that the student is *not* available.

	Monday	Tuesday	Wednesday	Thursday	Friday
9:00 am					
9:30 am					
10:00 am					
10:30 am					
11:00 am					
11:30 am					
12:00 pm					
12:30 pm					
1:00 pm					
1:30 pm					
2:00 pm					
2:30 pm					
3:00 pm					
3:30 pm					
4:00 pm					
4:30 pm					
5:00 pm					
5:30 pm					
6:00 pm					
6:30 pm					
7:00 pm					
7:30 pm					
8:00 pm					
8:30 pm					
9:00 pm					

Preferences: Please write the day/time that are your top three choices for a lesson. (Please give 3 distinct time frames, for example: Monday 2:30-3, Wednesday 7-9, and Friday 1:30-3:30.)

1st choice:

2nd choice:

3rd choice:

Additional notes about your schedule: