

Little Mozart's Piano Preparatory Academy

Registration Form

Student's name: _____

Age: _____

Student's birthday: _____

Parent's name: _____

Parent's Phone Number: _____

Parent's email: _____

Do you check this email account regularly? _____

What do you hope the student will gain from piano lessons?

Student's musical experience:

Parent's musical experience:

How did you find out about Little Mozart's Piano Preparatory Academy?

If saw advertisement, where? _____