

READYPLAY STUDIO
Registration Form 20__ / 20__

Student Information

Name: _____ DOB: _____

Cell: _____ Home: _____

Able to receive text messages? Y / N

Grade: _____ Public School _____ Home School _____
*For NYSSMA determination only.

Student Email: _____

Address: _____

Instrument: Violin / Cello Do you, or have you, received lessons for other instruments/voice? Y / N Years of Study: _____

Please list instruments you have received lessons on: _____

Parent Information

Name(s): _____

Cell 1: _____ MOM / DAD Cell 2: _____ MOM / DAD

Home: _____ Preferred contact method?
Cell ____ HM ____ Email ____

Email: _____

General

New or returning student? New / Returning

For NEW students, have you received prior lessons elsewhere? Number of yrs. _____

- Did you have a break between previous lesson and beginning lessons at ReadyPlay Studio? Y / N How long? _____

What method(s)/method books did you use? _____

What was your primary focus? Classical / Fiddle/Other

For RETURNING students, how many years with the studio? _____

Are you, or have you ever been, active at Trillium? Y / N

For ANY students, are you interested in becoming a member of Trillium? Y / N/?

Do you have performance experience? Y / N If so, in what capacity? _____

Have you previously participated in NYSSMA on any instrument? Y / N Number of times? _____

In signing this registration, you acknowledge that you have read and agree to the Studio Policies. _____