

Registration Form  
Cottrell Piano Studio with Musikgarten  
September 2008- June 2009

Name \_\_\_\_\_ Returning / New student (circle one)

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work/cell phone \_\_\_\_\_

Parent's name(s) \_\_\_\_\_

Parent's email(s) \_\_\_\_\_

Birthday \_\_\_\_\_ Grade for 08-09 (if applicable) \_\_\_\_\_

Date lessons started \_\_\_\_\_

Previous Musikgarten classes you have taken \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any allergies or medical issues that I need to know about? If so, please explain. \_\_\_\_\_

Thanks for choosing my studio! I look forward to working with you!