



Piano Melodies Studio

Dara Fensky, BMus, RMT

(403) 618-8340

pianomelodies@shaw.ca

www.pianomelodiesstudio.com

Registration

Parent(s) names: _____

Home Address: _____

Postal Code: _____ **Home Phone #** _____

Who can be reached during the day? _____ **Phone #** _____

Preferred method of contact: _____

Email addresses (the best one(s) to contact family):

Earliest/latest time student can attend lessons during the week:

Days available: _____

Name of Student #1: _____

Age: _____ **Birthdate:** _____ **Entering grade (school):** _____

School attending: _____ **Piano experience:**

Allergies (food, medication, etc.): _____

Name of Student #2: _____

Age: _____ Birthdate: _____ Entering grade (school): _____

School attending: _____ Piano experience:

Allergies (food, medication, etc.): _____

Name of Student #3: _____

Age: _____ Birthdate: _____ Entering grade (school): _____

School attending: _____ Piano experience:

Allergies (food, medication, etc.): _____

Registration Fee: \$60.00 for each student (no refund)

I wish to enroll my child for piano study in the 2024-25 academic year with Dara Fensky at the rate of:
\$180/ month for 45 minutes, \$240/month for 60 minutes lessons for my **first** child,
and
\$142/ month for 45 minutes, \$190/ month for 60 minutes lessons for my **second** child

Lesson length other than above: _____

I have read and agree to the policies stated. I am enclosing the \$60.00 non-refundable registration fee.

DATE: _____

Signature of Parent or Guardian