



# APPLICATION FOR (PLEASE CHECK ONE):

NEW GROUP STUDENT  RETURNING STUDENT  WAITING LIST

START DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## APPLICANT INFORMATION

Name \_\_\_\_\_  
Please print First Middle Last Preferred Name

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home/Cell Telephone ( ) \_\_\_\_\_ Work Telephone ( ) \_\_\_\_\_ Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_

Male  Female Special Care (Allergies, asthma, disabilities) \_\_\_\_\_ Current School \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_ City \_\_\_\_\_

## APPLICANT'S FAMILY (FOR UNDER 18 ONLY)

Name \_\_\_\_\_ Name \_\_\_\_\_  
Relationship: Father Stepfather Guardian Relationship: Mother Stepmother Guardian

Mobile Telephone ( ) \_\_\_\_\_ Mobile Telephone ( ) \_\_\_\_\_

Email: \_\_\_\_\_ ( Email: \_\_\_\_\_

Student lives with:  Both Parents  Mother  Father  Guardian  Other \_\_\_\_\_

**\*\*CERTIFICATION AND RELEASE:** I certify that I am the legal guardian/parent for this student. I have read and understand the application and the statements made by me are complete and true to the best of my knowledge and belief. I hereby authorize Piano4Everyone and/or its agents (hereafter "company") the right to use my child's photographs for the purpose and/or use, in promotional and educational materials including, but not limited to pamphlets, websites and brochures. I acknowledge that company shall have all copyrights in and of such photographs and may use such copyrights fully. I hereby release company and its administration from all liability connected with the taking and use of said materials. In addition, I waive all rights, interests, or claims for payment in connection with any exhibition or release of said materials. I acknowledge that this consent is voluntary.

In addition, I understand that there is a non-refundable registration fee. Should the Piano4Everyone cancel a class, we will issue a transfer, credit or full refund. Classes must meet the minimum enrollment. I understand that there is only one make-up class per session. I am committing to pay according to the program and payment plan chosen. I do hereby release and forever discharge Piano4Everyone, the studio instructor, and the studio owners, from any and all actions, claims, and demands for, upon or by reason of damage, loss or personal injury which may be sustained by my child or myself during the course of or as a result of this musical activity.

I understand that if I am placed through DC agency on a referral basis, my employer is charged an agency fee. If, for an my employer does not pay that fee, I will have to leave the job immediately. If I choose to stay, knowing that my employee not paid the agency fee, I understand that I will be obligated to pay the agency fee myself.

We (I) certify that the information provided on this application is true and accurate.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please submit this application by postal mail or email  
to: piano@piano4everyone.com  
or mail to  
PIANO4EVERYONE  
6047 Tampa Ave, Suite #104  
Tarzana, Ca., 91356  
www.piano4everyone.com