

## Piano Pals Registration Form – Spring Semester 2012

**Instructions:** Please fill out the following so we can best schedule your student.

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Please indicate your level of experience: \_\_\_\_\_

How many semesters of Piano Pals has your child attended so far? \_\_\_\_\_

Private or group lessons? Note: Private study is preferred. (circle)      Private      Group

Since two adults must be present, please indicate whether you can remain during the lesson: (Yes or No) \_\_\_\_\_

Food/Drug Allergies \_\_\_\_\_

Parent name \_\_\_\_\_ Parent E-mail \_\_\_\_\_

Phones (H,W,C) \_\_\_\_\_

Emergency contact (Name/Phones) \_\_\_\_\_ May pick-up your child (Yes/No) \_\_\_\_\_

Is your child in the in-school aftercare program? (circle)      Yes      No  
 My child will be picked up by: (circle) Parent      Will go to after-care      May walk home      Other(s)

**Classes begin at 3:45PM. Except for children going to in-school aftercare, students may not wait at school unless they are accompanied by a parent or guardian.**

In the table below, please identify **ALL** of the times your child is available by placing a “Yes” in EACH corresponding box. Due to limited space, failure to provide several options may prevent us from scheduling your child. **We need at least 3 choices; please provide as many as you can.**

Tuesday				Wednesday			
3:45 p.m.		5:45 p.m.		3:45 p.m.		5:45 p.m.	
4:05 p.m.		6:05 p.m.		4:05 p.m.		6:05 p.m.	
4:25 p.m.		6:25 p.m.		4:25 p.m.		6:25 p.m.	
4:45 p.m.		6:45 p.m.		4:45 p.m.		6:45 p.m.	
5:05 p.m.		7:05 p.m.		5:05 p.m.		7:05 p.m.	
5:25 p.m.		7:25 p.m.		5:25 p.m.		7:25 p.m.	

**Make your check out to Ye Sung Lee for \$340 for private lessons, or \$200.00 for group lessons.** Check # \_\_\_\_\_

**Note:** Scheduling preference will be given to private students.

Questions? Contact Liz Brock, [elbrock@verizon.net](mailto:elbrock@verizon.net), 410-480-9854.

RELEASE: I, as the parent or legal guardian of the above-named child, hereby give permission for his/her participation in this activity. I further authorize, without my prior approval, the rendering of any emergency medical treatment should the above-named child becomes ill or injured while participating in this activity. In consideration of the permission granted, to the above-named child, to participate in this activity, I do hereby agree, on my own behalf and on behalf of the above-named child, to release the instructor and the Centennial Lane Elementary School PTA (CLES-PTA) and its officers, members, agents, representatives, and volunteers from any and all actions, causes of action, damages, claims, or demands of whatever kind or nature which I or the above-named child may have against the CLES-PTA, the instructor, \_\_\_\_\_, or the other above-listed parties for any injuries, known or unknown, which are incurred by, arise from, or in any way relate to the above-named child's participation in this activity. I have read this release and fully understand its terms. I execute the release voluntarily and with full knowledge of its significance and consequences.

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

\_\_\_\_\_  
Date

Please retain a copy for your records