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# Questionnaire

Your comments and evaluation are very important to us as we begin each year of piano study. We appreciate your insight as you complete this form.

date updated Thursday, March 13, 2008

Today's Date: \_\_\_\_\_

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

Parents' Names (First and Last) \_\_\_\_\_

Phone Numbers:

Home: \_\_\_\_\_

Father Work:  
Father Cell phone: \_\_\_\_\_

Mother Work:  
Mother Cell phone: \_\_\_\_\_

Student Cell Phone: (Gr. 8-12) \_\_\_\_\_

List Emails for Updates and Correspondence  
(Usually about once a month)

Email (Mother): \_\_\_\_\_

Email (Father): \_\_\_\_\_

Email (Student): \_\_\_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_ Zip code \_\_\_\_\_

Date of birth \_\_\_\_\_

Current Age \_\_\_\_\_

Grade for Fall 2009-2010 \_\_\_\_\_

School Attending 2009-2010 \_\_\_\_\_

**Person to Contact In Case of Emergency (after parents)**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Scheduling — Your Availability For Lessons and Makeups**  
*So we can best schedule lessons for your family, Keep in mind sibling and work schedules. Also indicate any days not available.*

	<u>Mon</u>	<u>Tues</u>	<u>Wed</u>	<u>Thurs</u>
Times Available (2:00-9:30pm)				
Other Activities & Times (i.e. sports, scouts, religious)				

**Does the student participate in a TRAVELING sport?**  
Yes No  
**If so, which sport?** \_\_\_\_\_

**Name the Months committed to the Sport:**

**REMEMBER WE MAY NOT BE ABLE TO CHANGE DAYTIME MID-YEAR WHEN YOU FIND OUT TRAVEL SPORTS SCHEDULES!**

**Teacher, Day, Time , and Lesson Length Preferences**

Paul Nazzaro (Mon-Thurs) 2:00-9:30 PM  
Tasha Gwin (Mon & Wed) 4:00-8:30 PM  
Dr. Galina Zisk (Tues & Thurs) 2:00-8:30 PM  
Brynne Bartiromo (Fridays) 3:45-6:15 PM

30 minutes      45 Minutes      60 Minutes

Availability: Mon    Tues    Wed    Thurs    Fri

Preferred Day & Time: \_\_\_\_\_

**How Did You Hear Of the Studio? (circle all that apply)**

Suburban News      Westfield Leader      Internet  
St. Helen's Bulletin      Friend (please name 1)  
Kids Guide      Other (Please mention where)

I have read, understand, and agree to both sides of the Admissions Agreement, have read and agree to the Studio Policies as listed on the Admissions Agreement, and have a copy of the Yearly Lesson Schedule & the Weekly Practice Schedule, and have filled out IN FULL the Introductory Questionnaire or Annual Information Update.

PARENT or ADULT STUDENT'S SIGNATURE: \_\_\_\_\_ DATE OF SIGNATURE: \_\_\_\_\_

**PRINT** PARENT or ADULT STUDENT'S NAME: \_\_\_\_\_

**SECTION A: Family Musical Background**

What instruments are played in the family? By whom?

What music study have the parents had?

What contact with classical music does the family have? (attending concerts, heard at church, listening to recordings or radio, etc.)

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**SECTION B: Student Musical Experience**

Instrument: \_\_\_\_\_ Years of study: \_\_\_\_\_  
Teacher Name: \_\_\_\_\_

Instrument: \_\_\_\_\_ Years of study: \_\_\_\_\_  
Teacher Name: \_\_\_\_\_

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**SECTION C: Are there other points which you feel might be helpful for us to know as we begin lessons?**

Visual/Eye Problems (e.g. glasses, contacts, etc.):

General Physical Wellness and Development:

Hearing:

Allergies:

Right-Handed? Left-Handed? (Circle one)

Favorite school activities/subjects?

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**SECTION D: Please comment on your child's progress in school. You might mention:**

*(e.g. excellent, good, fair, poor, etc.)*

Reading ability:

Physical Coordination:

Concentration Span:

Social Adjustment (Working in a group):

Other:

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**SECTION E:**

**Are there any learning disabilities?**

Yes No

Please list: \_\_\_\_\_

**Are there any physical disabilities?**

Yes No

Please list: \_\_\_\_\_

**SECTION F: Piano and/or Keyboard Information**

**Piano:**

Brand (e.g. Steinway):

Kind (e.g. spinet, full upright, baby grand)

Year Made (estimate if needed):

Condition:

**Last date Tuned (Estimate):**

**Keyboard/Digital Piano:**

Brand (e.g. Yamaha):

Model (e.g. PSR-530)

Kind (e.g. keyboard, synthesizer, digital piano)

Year Made (estimate if needed):

Condition:

Number of keys:(61, 72, 88?)

List accessories you have (e.g. sustain pedal, keyboard stand, headphones, bench):

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**SECTION G: Transfer Students:**

Why did you stop lessons with previous teacher?

What would you like to accomplish at this studio?

**Approximate Level: (Please circle one)**

Absolute Beginner

Beginner

Intermediate

Advanced

College Trained

**Examples of Recent Pieces Played:**

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**ASK YOUR CHILD TO**

**HONESTLY ANSWER THIS QUESTION**

***"The reason I am starting/continuing piano lessons is because...."***