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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, April 13, 2017

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 2018-2019 _____

School Attending 2018-2019 _____

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.

	Mon	Tues	Wed	Thurs
Times Available (3:00-9:15pm)				
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 CAN NOT CHANGE DAY/TIME MID-YEAR
WHEN YOU FIND OUT SPORTS SCHEDULES!

Teacher, Day, Time, and Lesson Length Preferences
(PLEASE CIRCLE)

Paul Nazzaro (Mon Tues Wed Thurs) 3:30-9:15 PM
Mark Raimondi (Mon Tues Wed Thurs) 3:30-9:15 PM

30 minutes 45 Minutes 60 Minutes

Availability: Mon Tues Wed Thurs

Preferred Day & Time: _____

How Did You Hear Of the Studio? (CIRCLE ALL THAT APPLY)

Internet (Google etc) list referring website: _____

Front Yard Sign FaceBook YouTube

Google Search Friend (please name): _____

Kids Guide Other: _____

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.)

SECTION B: Student Musical Experience

Instrument: _____ Years of study: _____
Teacher Name: _____

Instrument: _____ Years of study: _____
Teacher Name: _____

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?

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:

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?)

Do you have a bench to sit on? (Circle one) YES NO

List accessories you have (e.g. bench to sit on, keyboard stand to put keyboard on, sustain pedal, headphones, etc.):

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:

ASK YOUR CHILD TO HONESTLY ANSWER THIS QUESTION

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