



Zinn Piano Program

PARENT & CHILD APPLICATION

Parent Applicant:

Information for this application is required and used for admission purposes only. This information will be kept strictly confidential.

Please complete the following:

Fill out the information below concerning each child. If you have more than two children to enroll, write on the back of this page.

1. Child Name: _____ (First) (Middle) (Last) Age: _____ Date of Birth: _____ <input type="checkbox"/> My child has had previous piano instruction.. Indicate number of years in lessons _____ Currently living with: ___BOTH PARENTS ___ MOTHER ___FATHER ___OTHER	
2. Child Name: _____ (First) (Middle) (Last) Age _____ Date of Birth: _____ <input type="checkbox"/> My child has had previous piano instruction.. Indicate number of years in lessons _____ Currently living with: ___BOTH PARENTS ___ MOTHER ___FATHER ___OTHER	
Parent / Guardian 1 Name: _____ (First) (Last) Street Address: _____ (Number & Street) (Apt.) City: _____ Zip Code: _____ Home Phone: _____ Work Phone: _____ Ext: _____ Cell Phone: _____ E-mail: _____	Parent / Guardian 2 Name: _____ (First) (Last) Street Address: _____ (Number & Street) (Apt.) City: _____ Zip Code: _____ Home Phone: _____ Work Phone: _____ Ext: _____ Cell Phone: _____ E-mail: _____

The Zinn Piano Program does not carry medical insurance for its clients. It is required that all students be covered by their own family insurance policies and if injury occurs, it is understood that the student's own policy is your only source for reimbursement. This school, its faculty, principles and directors are released from all liability.

What medical problems does your child have that we need to be aware of?

List allergies: _____

Medical Issues: _____

Medications: _____

Disabilities: _____

Is there anything else you believe we should know about your child that would help us understand him or her?
Remember that these records are completely confidential.

Emergency Release: Pursuant to the provisions of Section 25.8 of the California Civil Code, I hereby authorize the Zinn Piano Program and/or and adult assistant of the program to obtain medical, hospital or dental care for my child in the event that it is needed in my absence. I understand and agree that I am financially responsible for any care obtained for the benefit of my child.

Name and phone number of the child's Primary Care Physician: _____

Please check off the following:

- I understand that the Zinn Piano Program never identifies children personally or places them at risk in any other manner. *All information given remains entirely confidential and is shared with no one for any reason.*
- I give the Zinn Piano Program permission to photograph or videotape my children) during recitals and piano lessons for educational and/or promotional purposes. **My child will never be identified personally in any media.**
- I understand that Zinn Piano Program is a research-based school and that my child will be participating in research directly pertaining to enhancement of music teaching and performance.

Date: _____ Parent's Signature: _____

Practicing

(Please indicate either “Yes”, or “No” for each response)

- Yes / No If you have a sibling between ages 1 and 3, *please indicate whether you will make arrangements to leave that sibling with someone else during the lesson.*
- Yes / No Children need a **minimum** of 5 days per week, **most weeks**, to learn piano effectively. We say “most weeks” because occasionally an illness or another family disruption will reduce the number of days. *Please indicate whether your child can practice 5 days per week, on most weeks. We no longer accept students who practice less than 5 days per week, most weeks (students must practice 5 days, 9 out of 10 weeks or so).*
- Yes / No One parent must be the “home piano coach.” This **greatly reduces** the huge amounts of error in a child completing the assignment on his or her own. It also helps the child in many other ways. Indicate whether you will arrange for someone *to be the “piano parent” to mentor my child during the home practice. The mentor (piano parent) must attend the lessons as well.*
- Yes / No Left to themselves, children will leave out parts that appear more difficult for them, and often they honestly forget what to do. Other problems are interpretation of teacher intent, reading the instructions, etc. *Please indicate whether you will make sure that your child completes the lesson assignment on each day of practice.*
- Yes / No Nearly all children complain or become upset about some aspect of lessons at one time or another. **Learning how to work around these issues and still complete the practice will be the most important aspect of your child’s success in lessons.** *Please indicate whether you understand that these issues are requisite to successful study and that you will tell us when your child acts out concerning practicing at home.*

Essential Equipment

(Please indicate with either “Yes” or “No” for each response)

- Yes / No I own or will buy a Digital Piano or an acoustic piano. ***We recommend the Yamaha CVP Series Digital Pianos due to the Learning Environment they provide. I know that a keyboard is too inadequate for formal lessons.***
- Yes / No I have a CD player “boom box” that can be entirely devoted to the piano. I’m able to leave it on or near the piano, to be used exclusively for piano practice.
- Yes / No My piano is in a place that is free of distractions such as TV, siblings, etc. and has adequate lighting (i.e. a piano lamp on the piano for seeing music and a floor light right next to the piano that has at least 60 watt light bulb in it).
- Yes / No My piano is in good working order (no sticky keys, in tune, good regulation, etc.)
- Yes / No Acoustic piano owners: I have my piano maintained *at least* 3 times each year (tuning, regulation, repair of any broken parts)

Scheduling (very important)

(Please indicate with either “Yes” or “No” for each response)

- Yes / No *Indicate whether your family tends to go on vacations that last more than 3 weeks.*
- Yes / No **We schedule everyone’s time slots for private mentoring twice each year (once beginning Fall, once beginning Summer). Once set, we cannot change the schedule.** The reason is that all potential times are booked and sold. *I agree not to ask about schedule changes especially because it creates bad feelings on both sides.*
- Yes / No Up constructing a schedule twice each year, everyone’s schedule needs to be flexible enough to allow for at least **6 hours of possible times during the week** for scheduling their child’s permanent lesson time during both of these time periods. *Please indicate whether you will be able to give us 6 hours of potential lesson time from which we can choose your child’s lesson time.*
- Yes / No We are sorry, but no one receives the perfect lesson time; it is probably not possible. *Please indicate whether you agree to stick with your assigned time even though if it is not ideal.*
- Yes / No Saturday Piano Classes are equally as important as private lessons, **not** less important. **We expect consistent Saturday Morning Piano Class attendance.** It is part of our program. *Indicate whether you can set aside one 1 or 2 Saturdays (approx. 45-minutes) per month for group attendance, if you know the date ahead of time.*
- Yes / No We do **not** take many of the Monday holidays off. *Please indicate whether having to come in for a lesson during the Monday holidays is a problem for you.*
- Yes / No Every mentor must plan into the students’ schedule to stay at least 15 minutes beyond their private lesson time. Older and/or more experienced students should stay longer, up to 45 minutes. This will be for peer interaction time, using the computers, playing the digital pianos, etc. *Please indicate whether you can stay at least 15 minutes beyond your allotted lesson time.*
- Yes / No We also pay close attention to Child Development here at our academy. To that end, we recruit at least one piano parent to mentor each child through piano lessons. We follow the child developmental psychologists *Please indicated whether you can aid your child through sometimes difficult situations that arise concerning piano practice.*
- Yes / No We publish a yearly calendar and put it on our website. However, we put it behind our protected area to protect your children; we don’t want unwanted ‘guests’ hanging around any of our events. To that end, our calendar may be inconvenient to access, but there is no other way. Please indicate that *you will agree to access it regularly without having to be reminded of the dates and times.*
- Yes / No *I understand that once my child assigned a lesson time, it cannot be changed until the next time the schedule changes, even if subsequent activities my child is involved in turn out to be in conflict with piano.*

Date: _____ Parent’s Signature: _____