Carla Bell Piano Studio

2700 1st Ave N Great Falls 406.788.7181 cjpiano@gmail.com

Registration Form

Fall 2026 / Spring 2027

NAME _____

ADDRESS _____

PHONE _____ **PHONE** _____

E-MAIL _____

Preferred method of communication ☐ Email ☐ Text

Have you studied any other instruments? ☐ Yes Instrument _____ ☐ No

LESSON PREFERENCES

- Lesson Type ☐ 30-min ☐ 45-min ☐ 60-min
- Lesson Day / Time 1st Choice _____ 2nd Choice _____

Refer to Lesson Schedule Matrix for options

PIANO INFORMATION

- Describe your piano ☐ acoustic (regular) ☐ digital piano ☐ electric keyboard

(acoustic) short upright medium upright tall upright grand - size:

(non-acoustic) Make / model _____ How many keys? _____

PLEASE LIST ANY GOALS YOU WOULD LIKE US TO WORK ON

_____

_____

I have read and understand the policies for the Carla Bell Piano Studio, and agree to the information contained therein. I understand that the information I have provided on this form will be kept confidential. I understand that by signing below, I am agreeing to be held responsible for payments to the Carla Bell Piano Studio for all services provided to myself and for all materials that may be purchased through the studio.

_____ _____

Signature Date