

JD Music Studio

Student Orientation and Intake Form

(to be filled out by the student)

Welcome to the Studio! Please complete this form as a way of introducing yourself so that I may better understand your needs.

Name: _____
Age: _____ Birthdate (MM/DD/YYYY): _____
Email Address: _____
Cell Phone # _____ Home Phone # _____

Any previous music study? _____
If so, name of teacher(s), type of instruction (Classical, Pop/Rock, Musical Theater, etc.), and years studied? Include work in school or in community choirs.

Do you play an instrument? Can you read music?

What are your professional (or non-professional) goals regarding piano or voice?

What do you feel you need to work on in your vocal or piano technique?

Who are your favorite artists, who do you listen to?

Have you had any past injuries, surgeries that would affect your study? Any voice concerns such as acid reflux, pain when singing, etc.?

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Please list other health concerns you feel I should know about:

Are there any other physical and /or emotional issues that may hinder your realizing your performance goals that you feel comfortable sharing with me? (i.e.: confidence issues, depression, ADD, bi-polar disorder, OCD)

** In the course of voice study your teacher may need to touch you at various points on the body (including and not limited to, upper and lower abdomen, upper and lower back, head, neck, and torso.) Please initial your consent for this appropriate manner of touch.

I have read and agreed to the policies stated in the contract including cancelation policies. The statements I have given are true to the best of my knowledge and I release Janine Dodd from any liability, including and not limited to any pre-existing conditions that may hinder or prevent my vocal, physical, emotional, artistic, a-vocational or vocational progress.

Student Signature: _____

Parent Signature (if under 18): _____

Date: _____