

Willis Patterson Our Own Thing [OOTC] Instructional Program

Student Registration Form 2026/2027

Please fill out the information below for each child you are registering for the program. Note that an instrument may be provided for the student.

General Information:

Student Name _____ Age _____ DOB _____

School _____ Grade _____

Parent(s)/Guardian Name(s) _____

Address _____ Zip Code _____

Phone Numbers _____

Emails _____

Preferred method of contact: Home/Cell/Email/Other: _____

Emergency Contact: Name/Phone Number (if other than parent) _____

Allergies: _____

What **instrument**, including voice, is your child interested in studying?

Primary _____ Secondary _____

Do you have the instrument at home? _____

If piano or keyboard, do you have a keyboard that was supplied by Community Church of God?

Length of any previous musical study? What instrument? _____

Hobbies or interests _____

Extra-curricular activities _____

Briefly state your musical goal for your child _____

Briefly state your child's musical goal _____

Does anyone in the family play the piano, or any other musical instrument(s)? _____

Is the parent available to help the student with their practice as needed? _____

Is the student looking forward to taking music lessons? _____

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Please describe how your student has exhibited an interest in music. _____

Any concerns, or anything else you would like the teacher to know about the student? _____

Lessons will be held from 4:00 pm through 7:00 pm each Tuesday. Each class will be 45 minutes long. Please indicate below **all the times** that your child will be available for lessons.

4:00 pm - 4:45 pm _____ 5:00 pm – 5:45 pm _____ 6:00 pm – 6:45 pm _____

Signature _____ Date _____

How did you hear about us? _____

Photo & Video Release:

Your signature gives the OOT Instructional Program permission to feature photos and/or videos of this student (de-identified = no use of student's name) on the studio bulletin board, website, Facebook page, and/or other promotional materials.

Permission Given: Yes _____ No _____ **OR:**

Please ask permission on a case-by-case basis: Yes _____

Signature _____ Date _____

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For Teacher Only: Instrument _____

Private Lessons _____ Group Lessons/Classes _____

Level _____

Current Repertoire Materials _____

Goals _____

Notes/Comments _____

Please give completed Registration Form to Donna Smith at end of Family Orientation Session