

Parental Agreement of Terms

Upon acceptance, please sign the agreement below and return prior to the first lesson.

I have read and understand the entire policy of *Viki's Piano Studio* and agree to abide by its guidelines.

Parent Signature
Student Signature (if above 18 years old)

Date

Students Information:

Student Name:

Birthday:

Age:

Parents Information:

Parents Names:

Address:

City:

Phone Number:

E-mail Address: