

Part I. Student Name (First and Last): _____ **Today's Date:** _____

Parent Name (First and Last): _____

Parent email: _____ **Parent Phone #:** _____

Lesson Type: *30 min voice lessons only for beginners under 10 years old

Piano	<input type="checkbox"/> 45 minute	<input type="checkbox"/> 60 minute	
Guitar	<input type="checkbox"/> 45 minute	<input type="checkbox"/> 60 minute	
Voice	<input type="checkbox"/> 45 minute	<input type="checkbox"/> 60 minute	<input type="checkbox"/> 30 minute*

Preferred Teacher(s): _____

Part II. Summer 2019 Teacher Schedules:

Following is a list of our teacher's *expected* teaching days for Summer 2019. **When completing your lessons schedule form, please keep in mind your teacher's expected availability listed below.** Teacher schedules are subject to change without notice.

	Mon	Tues	Wed	Thurs	Fri
Piano					
Aron Bernstein		morning - evening	morning - evening	morning - evening	
Alex Isackson	all day	all day	all day	all day	
Brandon Nelson	late morning - evening	late morning - evening	late morning - evening	late morning - evening	
Emily Strenger		late morning - evening	late morning - evening	late morning - evening	
Emily Telling		all day	all day	all day	all day
Marshall Cuffe		late morning - evening	late morning - evening	late morning - evening	
Matt Sazima		noon - afternoon	noon - evening	noon - afternoon	
Natalie Durham		late morning - evening	late morning - evening	late morning - evening	
Stephanie Kitson	noon - evening	noon - evening	early afternoon		
Theresa Silveyra		late morning - evening	late morning - evening	late morning - evening	

Guitar

Joseph Berman	late morning - evening	late morning - evening			
Brenden Ramirez		late morning - evening	late morning - evening	late morning - evening	

Voice

Stephanie Kitson	noon - evening	noon - evening	early afternoon		
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Student Name: _____

Put an 'X' through all dates you are unable to schedule lessons due to vacation/out of town, camps, etc.

JUNE						Comments:
M	T	W	Th	F	S	
17	18	19	20	21	22	
24	25	26	27	28	29	

JULY						Comments:
M	T	W	Th	F	S	
1	2	3	4	5	6	
8	9	10	11	12	13	
15	16	17	18	19	20	
22	23	24	25	26	27	
29	30	31				

AUGUST						Comments:
M	T	W	Th	F	S	
			1	2	3	
5	6	7	8	9	10	
12	13	14	15	16	17	
19	20	21	22	23	24	
26	27	28	29	30	31	

SEPTEMBER						Comments:
M	T	W	Th	F	S	
2	3	4	5	6	7	

STEP 2: Provide Student Availability

1. Review teacher availability on the front of this form.
2. In the AVAILABILITY SECTION boxes below:
 - Put a **'P'** in all **PREFERRED** lesson times. Provide a *minimum* of 3 times.
 - Put an **'X'** through all **IMPOSSIBLE** lesson times.
 - **BLANK** boxes indicate **POSSIBLE** lesson times.

Student Availability (Provide a minimum of 3 times)							Comments:
Times	Mon	Tues	Wed	Thurs	Fri	Sat	
8:00 AM							
9:00 AM							
9:30 AM							
10:00 AM							
10:30 AM							
11:00 AM							
11:30 AM							
12:00 PM							
12:30 PM							
1:00 PM							
1:30 PM							
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4:00 PM							
4:30 PM							
5:00 PM							
5:30 PM							
6:00 PM							
6:30 PM							
7:00 PM							
7:30 PM							
Write in avail. times after 7:30 pm							