

Kimberly Parillo Double Bass Studio Information and Agreement

Name of student: _____

Name(s) of parent(s): _____

Parent(s) phone number: _____ Cell Home Work

Student phone number: _____ Cell Home Work

Parent(s) email: _____

Student email: _____

Student address: _____

Emergency contact (name and phone number): _____

List of allergies: _____

I have read and agree to the policies of Kimberly Parillo's Double Bass Studio.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____