



Questionnaire for MUSIC PRE-SCHOOL

(Baby Beats / BumbleBeats / Little Songsters)

2 Years

3-4 and a half years

4 -6 years

If you don't know the answer to a question, put "Don't know"

1. Name _____ Home Phone: _____

E-Mail: _____ Cell Phone: _____

Address: _____

City, State, ZIP _____

(Circle the best way to get in touch with you)

2. Age and, if applicable, grade in school: _____

3. What are your child's hobbies? _____

4. Has your child been in any musical groups or had any musical training? _____

5. What kind of music does your child enjoy listening to? _____

6. What are your child's favorite songs and musicians?

7. Does your child have any basic musical knowledge? Explain.

8. What kind of musical inclinations does your child demonstrate?

9. What goals do you have for your child's lessons? _____

10. Do you have any Musical Instruments at home? _____