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Office Use: Entered
1. ___/___/___
Sig.: _____
2. ___/___/___
Sig.: _____

STUDENT REGISTRATION FORM

Date: Day ___ Month ___ Year ___
First Name ___
Last Name ___ Male ___ Female ___
Apt. No. ___ Address ___
City ___ Prov ___ Postal Code ___
Home Phone ___
How did you hear about us? ___

MUSICAL EXPERIENCE New ___ Returning ___ Years at Lippert ___
Instrument(s) ___ Own ___ Rent ___
Teacher (s) ___ Day ___ Time ___:___am/pm
LEVEL Beginner: ___ Book(s) and Level ___
RCM Grade ___ RCM# ___ Other ___
THEORY (check all that apply)
Beginner ___ Basic ___ Int. ___ Adv. ___ Other ___

ADULT STUDENTS Work Telephone ___ ext. ___ Email ___

FOR STUDENTS UNDER 18

Current School ___ Grade ___ DOB: Day ___ Month ___ Year ___ Age ___
Primary Contact Name ___ Relationship ___ Address (if different) ___ Work Phone ___ ext. ___ Cell Phone ___ Email ___
Secondary Contact Name ___ Relationship ___ Address (if different) ___ Work Phone ___ ext. ___ Cell Phone ___ Email ___

Other Information – Please indicate any allergies or health conditions, parental access, etc. and notify the staff:

Lesson Agreement

- I agree all missed lessons are charged, regardless of notice.
I agree to pay for lessons before the first of the month, and I will pay a \$10.00 late fee for lesson payments arriving late.
I agree that there are no refunds once a month has started.
Make-up Lesson Policy: If I have paid by Options #1 or #2, I agree to one make-up lesson per school year for the student and one for the teacher, at the studio's convenience. I have read, understand and agree with all policies outlined in the MAKE-UP LESSONS section of the School Policies. I understand that there are NO make-up lessons for Option #3 or if I am starting after Term 1. I understand if I miss my agreed upon make-up time, I forfeit my make-up.
If lessons are discontinued, I agree to give 7 days notice prior to the end of the month or I may be charged for an extra lesson(s). Cheques/fees for Options #1 or #2 will be returned for unused lessons less all applicable discounts.
I agree to pay a \$30 service charge for any NSF cheques.
I understand that fees and unused credit cannot be carried forward to the summer session or the next school year.
If I am a "Lippert on the Go" Student, I have read and agree to the make-up policy outlined in the School Policies.

SIGNED: _____ DATED: _____

Video Release Statement

I give my permission for my child to be photographed or video-taped during the course of the program. These photographs/videotapes may be used in promotional material for Lippert Music Centre Inc. Names and any other personal information will NOT be included with any Lippert Music Centre Inc. promotional material.

SIGNED: _____ DATED: _____

Release Statement

"I hereby release and waive any claims which I, my child and ward have now or may have in the future against Lippert Music Centre Inc. and its servants, staff and employees from any and all liability for any loss, damage, expense or injury and arising in negligence or otherwise, howsoever caused, and which relate to the participation of my child or ward in any lessons, program(s) or classes. This release is binding upon my child or ward and upon their and my heirs executors and administrators, and I warrant that I have authority to enter into this release agreement on behalf of such child or ward."

SIGNED: _____ DATED: _____

OFFICE USE ONLY: Previous Teacher(s): _____ Start Date: Day ___ Mth ___ Yr ___ Make-Up: Day ___ Mth ___ Yr ___

Notes: