



970 Pape Avenue, Toronto, Ontario M4K 3V7
 416-425-9933
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Office Use: Entered

STUDENT REGISTRATION FORM 2009/2010

Instrument(s): _____ Own ___ Rent ___ Teacher: _____ Day: _____ Time: _____ am/pm
 FIRST NAME: _____ LAST NAME: _____ Circle: Male or Female
 Birth Date: Day _____ Month _____ Year _____ or ADULT (circle if over 18 years) Current School: _____
 Musical Experience: New ___ Returning ___ Years at Lippert _____ RCM Grade Level (if known): _____ RCM# (if known) _____
 HOME PHONE: _____ **FOR ADULT STUDENTS ONLY - Work Telephone:** _____ ext. _____
 APT. NO.: _____ ADDRESS: _____ City: _____ Prov: _____ Postal Code: _____
 EMAIL: _____

Information for Students 18 & under:

PARENT'S NAME (MOTHER OR FATHER): _____ Address (if different): _____ Work Phone: _____ ext. _____ Cell Phone: _____		PARENT'S NAME (MOTHER OR FATHER): _____ Address (if different): _____ Work Phone: _____ ext. _____ Cell Phone: _____
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Other Information – Please indicate any allergies or health conditions and notify the staff:

How did you hear about us? _____

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 \$25 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.

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: ____/____/____ Make-Up: ____/____/____
Day Month Year Day Month Year

Notes: