



970 Pape Avenue, Toronto, Ontario M4K 3V7
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STUDENT REGISTRATION FORM 2006/2007

Instrument(s): _____ Own _____ Rent: _____

EXPERIENCE: _____ Years at Lippert: _____ RCM# (if known): _____

NAME: _____ Birth Date: ____/____/____ OR circle: ADULT
 First Last Day Month Year

HOME PHONE: _____ ADULTS - Work Telephone: _____ ext. _____

ADDRESS: _____ Apt. _____ City: _____ Postal Code: _____

PARENT EMAIL: _____ Current School: _____

For students under 18, please continue:

PARENT'S NAME (MOTHER OR FATHER): _____	PARENT'S NAME (MOTHER OR FATHER): _____
Address (if different): _____	Address (if different): _____
Work Phone: _____ ext. _____	Work Phone: _____ ext. _____
Cell Phone: _____	Cell Phone: _____

Other Information – Please indicate any allergies or health conditions and notify the staff:

Lesson Agreement

A copy of this agreement is on the School Policies Letter

- 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.
- Make-up Lesson Policy: If I have paid by Options #1, 2 or 3, I agree to one make-up lesson per school year for the student and 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 Options #4 & 5 or if I am starting after Term 1. I understand if I miss my agreed upon make-up time, I forfeit my make-up.
- I agree that there are no refunds once a month has started.
- 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. Cheques/fees for Options #1-3 will be returned for unused lessons less all applicable discounts.
- I agree to pay a \$25 service charge for any NSF cheques.

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:

Teacher: _____ Start Date: ____/____/____ New: _____ Returning: _____
Day Month Year

OPTION (write date) #1 _____ #2 _____ #3 _____ #4 _____ #5 _____

Recital Piece: _____ Time: _____ Exam: _____

MAKE UP: yes DATE DONE: _____