

Vernon Community Music School Registration 2018/19

This form MUST BE SIGNED to indicate acceptance of our school policies and must include the Registration Fees of \$20 (preschool classes); \$40 (one family member); \$50 (more than one family member).

Information below will be forwarded to teachers and used for student records and school administration purposes only

**Important: I have read, understood and agree to the terms as stated in the Payment Policies in the 2018-19 Calendar.
I understand ALL schedules must be confirmed with each teacher.**

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Signed (parent/guardian/student over 18)	Print Name	Date

CONTACT INFORMATION NEW RETURNING

Parent/Guardian Name or Student Name over 18 years	<input type="checkbox"/> Relationship to Student (if applicable)
	<input type="checkbox"/>
	<input type="checkbox"/>

Mailing Address	<input type="checkbox"/> City	<input type="checkbox"/> Postal Code
	<input type="checkbox"/>	<input type="checkbox"/>

Phone: _____ **Cell:** _____ **E-Mail:** _____

Medical Concerns? Yes No **Emergency Contact:** _____

If YES, please advise _____

I consent to VCMS using pictures of the student for: **Promotional Print Material:** Yes No
Internet/Facebook : Yes No

I would like to receive the VCMS Newsletter by e-mail: Yes No

LESSON INFORMATION							Office Use Only	
Student (full name)	Date of Birth (dd/mm/yy)	Instrument/Group	Teacher	Day	Length of Lesson	First Lesson	Last Lesson	Total # Of Weeks

FOR OFFICE USE ONLY
Method of Payment
1. Paid in Full: Cash Cheque Debit Visa MasterCard 2 Post dated cheques Equal CC payments

Amount Pd: _____ **Paid by:** _____ **Date:** _____ **Receipt #:** _____