

RICHMOND MUSIC SCHOOL

REGISTRATION FORM

11371 No. 3 Road, Richmond, British Columbia V7A 1X3 • Telephone: 604-272-5227 • Facsimile: 604-272-5267 Email: richmondmusic@telus.net • Website: www.richmondmusicschool.ca

Date _____ Birthdate _____

Student Name _____

Address _____

City _____ Postal Code _____

Parent/Guardian Name _____

Phone: Home No.: _____ Cell No.: _____

Mother Work No.: _____ Father Work No.: _____

Email Address: _____

INSTRUMENT/CLASS	LEVEL	LENGTH	NUMBER OF LESSONS	@	COST
				\$	\$
Membership Fee: \$45.00 (individual or family)				Member	\$
The non-refundable Membership Fee must accompany this completed form.				Total	\$

WE NEED YOUR HELP. The Richmond Music School is a non-profit, volunteer-run organization. The more parents there are to help, the more we can keep our costs down! Please let us know how and when you can help. Check one or more of the areas below. Tax receipts will be issued for financial donations.

Board of Directors ___ Office ___ Concerts & Special Occasions ___ Fundraising ___ Errands (delivering flyers, etc.) ___

PLEASE NOTE:

1. All lessons will be charged regardless of reason for absence, unless cancelled by instructor.
2. Withdrawal notice, in writing, must be received in the office 15 days before withdrawal.
3. There are no refunds for withdrawal from group classes.
4. We reserve the right to cancel a class due to insufficient enrollment.

FEES ARE PAYABLE IN ADVANCE OF LESSONS (Cash, Debit, Visa or Mastercard)

PAYMENT OPTIONS:

Paid in full, dated September 1

ten equal payments, dated first of each month, September 1 - June 1, @

Please ensure that all cheques are in the Music School before your first lesson.

I have read and agree to the above Notes and Payment options. If my child is in a photo taken at a Richmond Music School event, I agree to have it used in any Richmond Music School publication.

SIGNATURE _____

Teacher Assigned _____ Paid Today \$ _____

Lesson Day _____ Owing \$ _____

Lesson Time _____ Receipt/CC# # _____