



970 Pape Avenue, Toronto, Ontario M4K 3V7 416-425-9933
info@lippertmusic.com www.lippertmusic.com

Office Use - Entered
1. y ___ m ___ d ___
Initial _____
2. y ___ m ___ d ___
Initial _____

STUDENT REGISTRATION FORM

Date: Day _____ Month _____ Year _____
First Name _____ Last Name _____
Male ___ Female ___ Home Phone _____
Apt. No. _____ Address _____
City _____ Prov _____ Postal Code _____
Student Cell 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 _____
Arts School Yes No Prep for University Yes No

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.
- Signature applies to all family members

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. Signature applies to all family members

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." Signature applies to all family members.

SIGNED: _____ DATED: _____