

SUMMER REGISTRATION

Please complete all areas below.

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

CONTACT INFORMATION			NEW <input type="checkbox"/>		RETURNING <input type="checkbox"/>	
Parent/Guardian or Adult Student Name			Relationship to Student (if applicable)			
Mailing Address - Street			City		Postal Code	
Main Phone		Alt. Phone		Email:		
Medical condition(s) of concern?		Yes	No	Emergency Contact:		
If YES, please advise:				Phone:		
				Email:		

Important: I understand ALL schedules must be confirmed with each teacher.
I understand I will be receiving a KCMS Policies and Consent Form to complete when I receive my invoice.

Print Name (Parent/Guardian/Adult Student)

Signature (Parent/Guardian/Adult Student)

Date

Summer fees must be paid in full at the time of registration. There are no refunds on Summer fees.
The \$20 Summer Registration Fee will be deducted from the Annual Registration Fee
if the student continues to study in the regular school year, September to June.

LESSON FEE INFORMATION							Office Use	
Student (full name)	Date of Birth (yy/mm/dd)	Instrument or Group Program	Teacher	Day	Length	First Lesson	Last Lesson	Total # of weeks

FOR OFFICE USE ONLY

Fees	# of Lessons	Price	Total	Payment Total	Invoiced in Sage	Sage Payment J#	In File Maker