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| **CONTACT INFORMATION** |  **NEW RETURNING** |
| **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** |
|  |  |  |  |  |  |  |  |  |
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| **FOR OFFICE USE ONLY** |
| **Fees** | **# of Lessons** | **Price** | **Total** | **PaymentTotal** | **Invoiced in Sage** | **Sage Payment****J#** | **In File Maker** |
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