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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.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **--------------------------------------------------------------------** | | | | | | | | | | | | | **----------------------------------------- ---------------------** | | | | | | | | | | | | | |
| **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** | | | | | **Payment Total** | | | **Invoiced in Sage** | | | **Sage Payment**  **J#** | | | | **In File Maker** | | |
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