



SKYLINE MUSIC

IMAGINE. CREATE. INSPIRE.

Students Last Name	First Name	Date of Birth (DD/MM/YYYY)			Current Age
Mailing Address	City/Province	Postal Code			Home Phone #
Work Phone #	Cell # (Text? Yes or No) <input type="checkbox"/> <input type="checkbox"/>	Email Address			Fax #
Teacher Assigned	Type of Music Program	Private Min <input type="checkbox"/>	Drop-In <input type="checkbox"/>	Zoom <input type="checkbox"/>	Parent/Guardian Name
Lesson Day	Lesson Time	First Lesson Date			Last Lesson Date
Previous Experience	Instrument Owned	Current Level/ Referred by:			
PAYMENT OPTIONS: Pre-Authorized VISA/MC or MONTHLY CHEQUES					

****Credit cards will be processed 2-4 days prior to each new month****

(Check one)	Credit Card Number (please leave spaces)	Expiry Date
<input type="checkbox"/> MASTER CARD <input type="checkbox"/> VISA		

I authorize Skyline Music to make such monthly charges on my Visa/MC, as I will comply with the studio policies given.

	Lesson Dates:	Visa/MC Payments		Cheque/Debit	
MONTHLY CHEQUES: Post Dated on the 1 st of each month.	30 mins \$33 45 mins \$49.50 60 mins \$65	Amount (\$)	Date Processed	Amount (\$)	Cheque #
REGISTRATION FEE (pre-paid)	\$45/Student (\$80/family)				
September (pre-paid)					
October					
November					
December					
January					
February					
March					
April					
May					
June					
July/August (optional)					

Signature _____

Date: _____