Students Last Name	First Name	Date of Bi	rth (DD/MN	Current Age				
Mailing Address	City/Province	Postal Code			Home Phone #			
Work Phone #	Cell # (Text? Yes or No)	Email Address			Emergency Contact			
Teacher Assigned	Type of Music Program	Private	Alternating	Remote	Parent/Guardian			
C		Min			Name			
Lesson Day	Lesson Time	First Lesson Date			Last Lesson Date			
Previous Experience	Current Level	How did you hear about us?						
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 include spaces) Expiry Date					Expiry Date			
□ MASTER CARD □ VISA								
Lauthorize 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	e/Debit
MONTHLY CHEQUES: Post Dated on the 1 st of each month.	30 mins \$37.50 45 mins \$56.25 60 mins \$75	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)					

<mark>Signature</mark>	Da Da	te:	
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