

www.etobicokeconservatory.com
Registration Form 2009-2010

Student Name _____

Birthdate (d/m/y) _____ School & Grade _____

Home Address _____

City _____ Postal Code _____

Name of Parents _____

Name of Nanny/Caregiver _____

Home Phone _____ Work _____

Cell _____ Other _____

Email _____

Private Lessons

Instrument _____

Lesson Day _____ Lesson Time _____

30 Minutes 45 Minutes 60 Minutes

Teacher _____

Music For Early Childhood

Class Day _____ Age Group _____ Time _____

Children's Choir

Thursday 5:30-6:30 PM

Theory Classes Time: TBA

Basic Intermediate Advanced

I have read, understand and agree to all policies and conditions. I am enclosing the following to reserve my space.

Payment

Full Payment

Installment Plan: includes all post-dated cheques

Parent Name: _____ (please print)

Signature _____ Date _____