

** Please fill out ALL 'White Sections' on this side of the form **



Main Location
14 Silverton Drive
Hamilton., ON
L8W 3G3

Contact Information
905-573-9819
admin@anoteabove.com
www.anoteabove.com

Satellite Location
Kindermusik/Lessons
First Church of the Nazarene
92 Ottawa St. N.
Hamilton, ON
L8H 3Z1

2010-2011 FALL REGISTRATION FORM

OFFICE USE ONLY:

Type of Lesson (circle one in each group) - Guitar / Piano / Theory / Vocal
- Private / Group (Group Partner) _____
- RCM / Other / Mix (YSAN Worker) _____

Important PLEASE PRINT - Clearly ** Please Complete ALL Spaces in this Section -

Student Name (please print) RCM #
Address Age
City Postal Code Date of Birth (M/D/Y)/...../.....
Home Phone () Business Phone () Ext:
Cell Phone () Email (we will not distribute)
Parent/Guardian Name's) (1) (2)
Referred By How Did You Hear About the School?

Preferred Teacher's) 1st Choice 2nd Choice 3rd Choice
Preferred Day's) 1st Choice 2nd Choice 3rd Choice
Preferred Time's) 1st Choice 2nd Choice 3rd Choice

Agreement:

- The 2010-2011 music year will be divided into 4 terms of 10 lessons beginning the week of September 7th and ending June 18th. Note: *Christmas Recital will be November 27 & 28, 2010 and Gala Week will be June 20,21,22,23, Awards Ceremony June 25th 2011.*
- 1st term payments are due (payable by Cash or Cheque) by August 16th. 2nd, 3rd, and 4th term fees must be paid by post-dated cheque at the time of registration. Cheques are to be made payable to *A Note Above School of Music*. There will be a \$25 charge on all NSF cheques. 2% per month will be charged on overdue accounts, and 5% charge on overdue books. *A Note Above* reserves the right to suspend a student's lessons after two weeks of non-payment of tuition. Post-dated cheques for terms 2, 3 & 4 will be deposited on Nov. 1/10, Jan 17/11, and March 28/11.
- In fairness to our professional teachers, who rely on their teaching income, a minimum of 2 weeks notice of a student's intention to withdraw from lessons must be given, in writing, to the music school office or a \$ 40 cancellation fee will be charged. Term lesson payments are non-refundable after a student has attended 2 lessons. Withdrawals must be completed in person in the school office, as the signature of the parent (or guardian) is required. Withdrawals will not be accepted over the phone.
- One M/U lesson will be provided with 6 hours notice. Exception: For teachers absence or inclement weather, all lessons will be made up.
- Parents should make an effort to be present at the end of their Childs lesson so that teachers can liaise with them regarding progress, problems, or upcoming events. Parents/guardians of children 8 years of age and under, must remain in the music school during lessons.
- Allergy Alert: As some adults and children are allergic/sensitive to Scented Products & Pets, please adhere to our "Scent Free" and "Pet Free" policy. Also, refrain from eating/touching peanut products prior to coming to the school.
- Please keep children at home if they are sick .

I have read and understand the agreement above, and agree to it's terms. I hereby give permission to A Note Above School of Music to photograph / video my children) at the school, throughout the year, including recitals and year end Gala, for use - no internet - within the school. Signature below indicates agreement with the above statements.

Parent Signature _____ Date (M/D/Y/) ____/____/____ Staff Initial _____

A Note Above School of Music 2010-2011 REGISTRATION FORM

Start Date ____/____/____ MM/DD/YYYY
Lesson Day ____/____/____/____
Time ____/____/____/____
Lesson 1/2 hr 3/4 hr 1 hr ~ Solo Group
Teacher ____/____/____/____
Discipline ____/____/____/____
 PDC Cheques # ____/____/____/____ **Or** **Cash**

Student's Name

 Parent / Guardian (1)

 Parent / Guardian (2)

Payments

Date (M/D/Y)	LESSON PAYMENTS (Circle One)	Amount	Method of Payment	Receipt #	Staff Initial	Receipt Book	Posted to D-base
/ /	Full Year / 1st Half Year / Term I / Sept	\$.		/			
/ /	Term II / Oct	\$.		/			
/ /	2nd Half Year / Term III / Nov	\$.		/			
/ /	Term IV / Dec	\$.		/			
/ /	Misc. / Jan	\$.		/			
/ /	Misc. / Feb	\$.		/			
/ /	Misc. / Mar	\$.		/			
/ /	Misc. / Apr	\$.		/			
/ /	Misc. / May	\$.		/			
/ /	Misc. / June	\$.		/			

Date (M/D/Y)	BOOK PURCHASES & PAYMENTS	Amount	Method of Payment	Receipt #	Staff Initial	Receipt Book	Posted to D-base
/ /		\$.		/			
/ /		\$.		/			
/ /		\$.		/			

Date (D/M/Y)	REFUND Reason for Refund	Amount	Method of Payment	Receipt #	Staff Initial	Receipt Book	Posted to D-base
/ /		\$.		/			

Signature below indicates receipt of the above refund.

Parent Signature Date (D/M/Y)/...../..... Staff Initial

Withdrawal: Parent Signature _____ Date (D/M/Y) ____/____/____ Staff Initial _____