



TRINITY
CHRISTIAN SCHOOL
School of Music

2170 Itabashi Way, Burlington, ON, L7M 5B3 Tel: (905) 630-2179 som@tcsonline.ca

Registration Form 2011-2012

Student's Name			
Student's Grade (as of September 2011)		Student's Date of Birth	
Parent(s) Name		Home Phone	
Email		Work Phone	
Lesson Type (Instrument)		Cell Phone	
Notes			

Student's Music Background:

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Lesson Day (indicate preferences)		Lesson Time	To be determined
Music Teacher			

Program Cost for September 2011-June 2012

Number of Lessons	To be determined	Cost per lesson	\$20.00	Total	Per Payment Schedule
Payment received	\$25.00 Non-refundable Registration Fee (before May 20 th , 2011)				
	\$35.00 Non-refundable Registration Fee (after May 20 th , 2011)				

Acceptance: The undersigned agrees to the financial arrangements, policies and procedures as outlined in the Policies and Procedures 2011/2012, rev. 4/16/11.

Signature: _____ Date: _____

Office use only

Date received _____ Teacher _____
 Registration Fee _____ Lesson _____
 Notified _____ Payments _____