



"giving wings to the music inside you"

Bergthorson Academy of Musical Arts

21-22621 Lougheed Hwy. Maple Ridge B.C. 12229 Harris Rd. Pitt Meadows B.C.
604 467-6613 info@bergthorson.com 604 465-6613

Date _____

STUDENT REGISTRATION 2011-2012 (one form per instrument or class) Please print clearly

Student Name _____ Gender: M ___ F ___ Birth Date _____

Which Instrument Or Class Are You Registering For? _____

List Previous Music Lessons Or Training And Present Skill Level _____

Preferred Day(s) And Time(s) Of Class _____ Instructor Request _____

Name(s) Of Parents (If Under 18) _____

Address _____ Postal Code _____

Home Phone _____ Work Phone _____ Mom's/Dad's Cell Phones _____

E-Mail Address _____ Confirm E-Mail Address _____

Employer _____

Alternate Emergency Contact - Name _____ Phone # _____

Please List Any Special Needs Or Information That We Need To Be Aware Of _____

How Did You Hear About Us? _____

It is our policy to practice equal access for student enrollment and advancement. The Bergthorson Academy of Musical Arts will endeavor to provide these opportunities regardless of race, religion, color, national origin, age, sex or ability.

I agree to pay _____ per 30 45 60 minutes weekly bi-weekly or _____ (full amount) per semester.

Deposit (1 month's fee) _____ Administration fee (Non-Refundable) \$15 family fee TOTAL _____

Person responsible for registration and monthly fees: _____

PAYMENT METHOD:

Post-dated cheques

Post-dated cheques to June 2012 MUST be submitted within 7 days of start date. Depending on the day of lessons, some months will have 4 lessons and some will have five-see calendar on back of Policy form. Fees for short-term classes may be paid in one installment. Please make cheques payable to: BAMA (Bergthorson Academy of Musical Arts). To ensure proper credit please include child's name and class on the cheque.

Signature (Or Signature of Parent/Guardian) X _____

Please read and initial the following:

I understand I must give 2 weeks notice to Judith to terminate lessons X _____

I understand we do not miss lessons; there are lessons on all school breaks and government holidays with the exception of Dec. 24 - Jan 3/11 X _____

Lessons are paid for whether attended or not: make-up lessons are given ONLY for severe illness at the discretion of the instructor. 24 hours notice required X _____

I understand there is a \$15.00 fee for permanently changing my lesson time and/or day. X _____

Turn Over [arrow]

Office Personnel Only:

FIRST LESSON TO BEGIN: DAY _____ DATE _____ TIME _____ LOCATION _____ ENTERED INTO QUICK BOOKS _____

INSTRUMENT _____ INSTRUCTOR _____ INITIAL DEPOSIT OR PAYMENT: \$ _____

PAID BY CHEQUE / CASH on DATE _____ PAID BY _____ POST DATED CHEQUES RECEIVED _____

COMMENTS/ NOTES _____

Release form:

I hereby approve of my child's attendance at the *Berghorson Academy of Musical Arts* and certify that he/she is in good health and able to participate in program activities. I authorize that the directors act for me according to their best judgment in any emergency requiring medical attention. Furthermore, I release any and all rights and claims for damages against *Berghorson Academy of Musical Arts* and its staff in the unlikely event of injury sustained by myself or my child(ren) during the course of or as a result of activity within the *Berghorson Academy*.

(Guardian's)Name_____Signature_____

I understand that photos/video footage may be taken to promote future BAMA programs either as print or Internet media. I give full authorization to BAMA to utilize photos/video footage and acknowledge no compensation of any sort shall be received.

(Guardian's)Name_____Signature_____

Fees and policies subject to change without notice.

**Overdue accounts: After 30 days interest charges apply.
After 90 days sent to collection agency.**