



YAMAHA

YAMAHA MUSIC SCHOOL

I was referred by my friend: _____

Student Name _____

Phone Number _____

169 Enterprise Blvd, 3rd Fl, Markham, ON
 L6G 0E7
 school@yamaha.ca,
 www.yamahamusicsschool.ca

Student # _____

2018/2019 REGISTRATION FORM

OTHER FAMILY MEMBERS TAKING LESSONS:

#1 Name _____ #2 Name _____ #3 Name _____ #4 Name _____

STUDENT

NAME		MAILING ADDRESS		HOME PHONE	
CITY		POSTAL CODE	E-mail		
AGE	SEX	DATE OF BIRTH	DAY SCHOOL	NEW ENROLLMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO

PAYER (MUST BE THE SAME NAME AS CREDIT CARD OR CHEQUES USED FOR PAYMENT)

NAME		MAILING ADDRESS		CELL PHONE	
CITY		HOME PHONE	BUSINESS PHONE		

GENERAL

OFFICE USE

HEARD ABOUT US FROM			INSTRUMENT AT HOME	MAKE	MODEL	<input type="checkbox"/> MASTER LIST (Group)
<input type="checkbox"/> BRAND NAME	<input type="checkbox"/> YAMAHA STORE	<input type="checkbox"/> FAMILY				<input type="checkbox"/> TEACHER SCHEDULE (private)
<input type="checkbox"/> FRIEND	<input type="checkbox"/> SOCIAL MEDIA	<input type="checkbox"/> WEB				<input type="checkbox"/> STUDIO SCHEDULE (private)
<input type="checkbox"/> OTHER (SPECIFY)						

2018/2019 COURSE

COURSE/ STEP _____	DAY/TIME _____	INSTRUCTOR _____
START DATE _____	LAST YEAR COURSE _____	STUDIO _____

PAYMENT (please select one)

SINGLE PAYMENT

REGISTRATION FEE (NON-REFUNDABLE)	\$ _____
NO. OF GROUP LESSONS _____ @ \$ _____ PER LESSON	plus non-refundable CONCERT FEE \$ _____
NO. OF PRIVATE LESSONS _____ @ \$ _____ PER LESSON	\$ _____
DISCOUNT (please select & attach credit form as needed)	
<input type="checkbox"/> FAMILY <input type="checkbox"/> CREDITS <input type="checkbox"/> REBATE <input type="checkbox"/> MATERIALS NOT NEEDED <input type="checkbox"/> OTHER	\$ (_____)
TOTAL (any applicable discounts will be verified at time of registration confirmation or later)	\$ _____

MONTHLY PAYMENT

SINGLE PAYMENT TOTAL	\$ _____
FINANCE FEE	\$ _____
TOTAL (any applicable discounts will be verified at time of registration confirmation or later)	\$ _____

PAYMENT SCHEDULE

REGISTRATION FEE: _____	Due Date: _____	
SINGLE PAYMENT (BALANCE): _____	Due Date: _____	
MONTHLY PAYMENTS:		
SEP: _____	JAN: _____	MAY: _____
OCT: _____	FEB: _____	JUN: _____
NOV: _____	MAR: _____	TOTAL: _____
DEC: _____	APR: _____	

METHOD OF PAYMENT (please select one)

- CASH (for Registration Fee or Single Payment only - payable in person at the front desk and include Receipt# _____)
- CHEQUE - SINGLE PAYMENT
- CHEQUE - MONTHLY (post-dated to the 1st of each month)
- CREDIT CARD (VISA, M/C, AMEX)

CARD NUMBER: _____

EXPIRY DATE: _____

NAME ON CARD: _____

Permission is hereby to debit the above-mentioned card on the 1st (or 15th) of each calendar month, according to the monthly payment schedule.

SIGNATURE (for registration): _____

I hereby request and authorize this registration.

Date _____

Staff Initial: _____