



YAMAHA MUSIC SCHOOL

MARKHAM

2020/2021 REGISTRATION FORM

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 # _____

OTHER FAMILY MEMBERS TAKING LESSONS:

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

STUDENT

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

PARENT or GUARDIAN

NAME				MAILING ADDRESS				MOBILE		
CITY			EMAIL							

GENERAL OFFICE USE

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

2020/2021 COURSE

COURSE/ STEP _____	DAY/TIME _____	INSTRUCTOR _____
START DATE _____	2019/20 COURSE	STUDIO _____

PAYMENT (please select one)

<input type="checkbox"/> 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)	\$ _____
<input type="checkbox"/> 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) OFFICE USE

<input type="checkbox"/> CREDIT CARD (VISA, M/C)	<input type="checkbox"/> DEBIT CARD
<input type="checkbox"/> CHEQUE	

I would like to receive school newsletters and promotional emails from YAMAHA

By signing below I agree to the policies and procedures of the Yamaha Music School

SIGNATURE (for registration): _____ Date: _____ Staff Initial: _____