

Klaudia's Music Studio

Oakville's Premier School of Music



Registration Form

How did you hear about us? _____ Referral Name: _____

STUDENT INFORMATION:

Student's First Name: _____ Student's Last Name: _____

Gender: _____ Birth Date: ____/____/____ (mm/dd/yy)

Student E-mail: _____ PLEASE PRINT

Instrument: _____ Teacher: _____

Enroll Date: _____ Weeks: _____ OR School Year: _____

Requested Day and Time for Weekly Music Lessons: _____

School (if applicable): _____ Grade: _____

Music Teacher's Name at School: _____

Medical Conditions/Disabilities: _____

Allergies: _____

Medications: _____

Primary Doctor: _____

FAMILY INFORMATION:

Contact #1 First Name: _____ Last Name: _____ Relationship: _____

Home Phone: _____ Cell #: _____ Work #: _____

Occupation: _____ Work Address: _____

E-mail: _____ PLEASE PRINT

Contact #2 First Name: _____ Last Name: _____ Relationship: _____

Home Phone: _____ Cell #: _____ Work #: _____

Occupation: _____ Work Address: _____

E-mail: _____ PLEASE PRINT

Home Address: _____

City: _____ Prov: _____ Postal Code: _____

Emergency Contact Info: _____

In the event of emergency medical treatment is necessary for the student, I give full consent for treatment to be given. I understand that every effort will be made to contact you and the listed emergency contact.

___ YES ___ NO

I agree that the studio can take a picture or video of the student and promote it on the Klaudia's Music Studio website, advertising material and in press.

___ YES ___ NO

By signing this sheet, you understand and agree with the terms and conditions of Klaudia's Music Studio Inc.

Signed:

Date:

Suggestions and Notes: _____