



# YAMAHA MUSIC SCHOOL

MARKHAM

## 2021/2022 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)

### 2021/2022 COURSE

COURSE/ STEP _____	DAY/TIME _____	INSTRUCTOR _____
START DATE _____	2020/21 COURSE	STUDIO _____

### PAYMENT (please select one )

**SINGLE PAYMENT**

REGISTRATION FEE (NON-REFUNDABLE)	\$	_____
NO. OF GROUP LESSONS _____ @ \$ _____ PER LESSON <b>plus non-refundable CONCERT FEE</b>	\$	_____
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 ) 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.

I hereby authorize Yamaha Music School debit my method of choice with the card on file.

**SIGNATURE (for registration):** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Staff Initial:** \_\_\_\_\_