

Music Lesson Registration Form 2016/2017

The Ada Slight Studios
at Dixon Hall Music School

Thank you for your interest in enrolling your child at Dixon Hall Music School (DHMS).

Required fields are followed by *

Registration requirements:

1. Your child must live between Jarvis St. and Broadview Ave. and Gerrard St. E and the Gardiner Expressway.
2. You must provide proof of income along with your completed registration form.

Completed and signed registration forms can be returned to DHMS or emailed to lynette.gillis@dixonhall.org. You can apply for up to four children per form. For a complete list of programs or to register online, visit www.dixonhall.org.

PARENT / GUARDIAN INFORMATION:

☐ Mr. ☐ Mrs. ☐ Ms. First Name*:	Last Name*:	
☐ Mr. ☐ Mrs. ☐ Ms. First Name:	Last Name:	
Street (Apt #)*:	City*:	Postal Code*:
Primary Phone #*:	☐ Cell ☐ Home	Secondary Phone #: ☐ Cell ☐ Home
Email Address:	<i>Bills will be sent electronically to your email address if provided.</i>	
Do you give Dixon Hall permission to use photos/videos of your children for promotion purposes*? ☐ Yes ☐ No		
How did you hear about Dixon Hall Music School?		
Have your children taken lessons here before?		

LESSON FEES & PAYMENTS:

All lesson fees are subsidized and are based on family income and number of dependents. Under 'Income Type,' please indicate whether your income is from a work salary, family benefits, child support payments or any other source. This information is kept confidential. Please provide proof of reported income (i.e. pay stub, benefits statement, T4).

If your income level is \$42,000 or more, write \$42+ on the total family income line.

Payments are to be made at the beginning of each term (fall, winter, spring, summer) or on a monthly basis. Both cash and/or cheques made out to Dixon Hall Music School are accepted.

How many children do you have*?	How many of your children are enrolled at DHMS*?	
Family Member Name*:	Income Type*:	Monthly Income*:
Family Member Name:	Income Type:	Monthly Income:
Total Family Income per year* =		<i>For office use: was proof of income provided? Yes ☐ No ☐</i>

FOR OFFICE USE:

Private Lesson Rate (30 min): _____	Previous Rate: _____	Group Rate: _____
Date Received: _____	Notes: _____	

STUDENT INFORMATION: CHILD #1* (please complete all fields)

First Name:

Last Name:

Age:

Birthday (M/D/Y):

Cell Ph #:

Email:

Which instrument/class are you applying for?*For office use: Enrolled / Waiting*Does your child take lessons anywhere else? ☐ Yes ☐ No

If yes, where and for which instrument?

Are there any medical or behavioral conditions we should be aware of? i.e. allergies, ADHD, asthma, etc.

Check one: ☐ I need to rent an instrument ☐ I own my instrument ☐ I currently rent an instrument**STUDENT INFORMATION: CHILD #2** ☐ Contact information is the same for each child

First Name:

Last Name:

Age:

Birthday (M/D/Y):

Cell Ph #:

Email:

Which instrument/class are you applying for?*For office use: Enrolled / Waiting*Does your child take lessons anywhere else? ☐ Yes ☐ No

If yes, where and for which instrument?

Are there any medical or behavioral conditions we should be aware of? i.e. allergies, ADHD, asthma, etc.

Check one: ☐ I need to rent an instrument ☐ I own my instrument ☐ I currently rent an instrument**STUDENT INFORMATION: CHILD #3** ☐ Contact information is the same for each child

First Name:

Last Name:

Age:

Birthday (M/D/Y):

Cell Ph #:

Email:

Which instrument/class are you applying for?*For office use: Enrolled / Waiting*Does your child take lessons anywhere else? ☐ Yes ☐ No

If yes, where and for which instrument?

Are there any medical or behavioral conditions we should be aware of? i.e. allergies, ADHD, asthma, etc.

Check one: ☐ I need to rent an instrument ☐ I own my instrument ☐ I currently rent an instrument**STUDENT INFORMATION: CHILD #4** ☐ Contact information is the same for each child

First Name:

Last Name:

Age:

Birthday (M/D/Y):

Cell Ph #:

Email:

Which instrument/class are you applying for?*For office use: Enrolled / Waiting*Does your child take lessons anywhere else? ☐ Yes ☐ No

If yes, where and for which instrument?

Are there any medical or behavioral conditions we should be aware of? i.e. allergies, ADHD, asthma, etc.

Check one: ☐ I need to rent an instrument ☐ I own my instrument ☐ I currently rent an instrument