



"giving wings to the music inside you"

Bergthorson Academy of Musical Arts

21-22621 Lougheed Hwy, Maple Ridge B.C. 12229 Harris Rd, Pitt Meadows B.C.

604 467-6612 info@bergthorson.com 604 465-6613

Date _____

STUDENT REGISTRATION (one form per instrument or class)

(Please print only)

Student Name _____ Gender: M ___ F ___ DOB (DD/MM/YY) _____

Previous Lessons or Training and Present Skill Level _____ Instrument/Class Registering For? _____

Preferred Day(s) And Time(s) Of Class _____ Instructor Request _____

Name(s) Of Parents (If Under 18) _____

Address _____ Postal Code _____

Home Phone _____ Work Phone _____

Mom's Cell _____ Dad's Cell _____

E-Mail Address _____ Confirm E-Mail Address _____

Alternate Emergency Contact – Name _____ Phone # _____

Please List Any Special Needs Or Information That We Need To Be Aware Of _____

How Did You Hear About Us? _____

****If your child is home schooled and you would like us to bill the school directly you must complete a home school form, please ask administration for this. Failure to do so may result in loss of funding****

It is our policy to practice equal access for student enrollment and advancement. The *Bergthorson Academy of Musical Arts* will endeavor to provide these opportunities regardless of race, religion, color, national origin, age, sex or ability.

I agree to pay(see fee schedule) _____ per 30 45 60 minutes per class.

All Payments MUST be made on a monthly basis

Post-dated monthly cheques, Pre-authorized Debit or monthly credit card authorization to June 30, 2021 are required with registration.

Please Note: A 3% convenience fee will be charged for all Visa/MasterCard transactions.

Administration/recital fee (Non-Refundable) \$35 annual family fee.

Your day/time choice will be confirmed when post-dated cheques, PAD or Credit Card Authorization to June 2021 are submitted.

Please make cheques payable to: **BAMA (Bergthorson Academy of Musical Arts)**. To ensure proper credit please include child's name on the cheque.

Signature (Or Signature of Parent/Guardian) **X** _____

- **Person responsible for monthly fees (if different than above) X** _____

Please read and initial the following:

I understand I must give 2 weeks' written notice to the office to withdraw permanently from lessons **X** _____

I understand we do not miss lessons; there are lessons on all school breaks and government holidays with the exception of Dec. 21/20 – Jan 3/21 **X** _____

Lessons are paid for whether attended or not: make-up lessons are given ONLY for severe illness at the discretion of the instructor. 24 hours' notice required **X** _____

SEE SPECIAL COVID-19 SAFETY POLICIES

Turn Over

Office Personnel Only:

FIRST LESSON TO BEGIN: DAY _____ DATE(dd/mm/yy) _____ TIME _____ LOCATION _____ ENTERED INTO QUICK BOOKS _____

INSTRUMENT _____ INSTRUCTOR _____ PAID BY _____ TIME/DATE CHANGE Y / N

POST DATED CHEQUES, CC AUTH or PAD RECEIVED _____ REGISTRATION RECEIVED Y / N

- **Child Release Form**

I hereby approve my child's attendance to the **Bergthorson Academy of Musical Arts** and certify that he/she is in good health and able to participate in program activities. I authorize that the directors act according to their best judgment in any emergency requiring medical attention. Furthermore, I release any and all rights and claims for damages against **Bergthorson Academy of Musical Arts** and its staff in the unlikely event of injury sustained by my child(ren) during the course of or as a result of any activity within the **Bergthorson Academy**.

Students Name _____

Guardian's Name _____ Signature _____

- **Adult Release Form**

I hereby certify that I am in good health and able to participate in program activities. I authorize that the directors act according to their best judgment in any emergency requiring medical attention. Furthermore, I release any and all rights and claims for damages against **Bergthorson Academy of Musical Arts** and its staff in the unlikely event of injury sustained by myself during the course of or as a result of any activity within the **Bergthorson Academy**.

Students Name _____ Signature _____

- **Optional Release Form**

I understand that photos/video footage may be taken to promote future BAMA programs either as print or Internet media. I give full authorization to BAMA to utilize photos/video footage and acknowledge no compensation of any sort shall be received.

Students Name _____

(If applicable)
Guardian's Name _____ Signature _____

Fees and policies are subject to change without notice.

Overdue accounts: **After 30 days interest charges apply.**
 After 90 days sent to collection agency.

COVID-19 PROTOCOL SUMMARY

(Please be sure to read the full Covid-19 safety policy attachment)

1. If You Are Sick In Any Way – You **MUST** Stay Home (Back-up Online Options Will Be Available)
2. Required Face Masks to Guard from Infecting Others
3. Hand Sanitizing For Everyone When You Arrive and Leave Lessons
4. Prompt Lesson Starting and Finishing Times, Quick Drop Off and Pickup Procedures
5. Social Distancing, Limiting Waiting Room, Staggering Lesson Start and Finish Times
6. Any persons(or direct contacts) travelling outside of Canada are required to self-isolate for 14 days prior to returning to in person lessons – online options will be available.
7. Any person who has been diagnosed with Covid 19 or has been in contact with a case or suspected case in your circle, it is essential that our Academy be notified immediately

Please read and sign below:

I understand and agree to comply to all of the protocols stated in the summary above and have fully read the entire Covid-19 safety policy. Failure to follow these guidelines will result in termination of lessons with Bergthorson Academy of Musical Arts.

Print Name _____

Signature _____

Date _____