



"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 20 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, 2023 are required with registration.**

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

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

**Your day/time choice will be confirmed when post-dated cheques, PAD or Credit Card Authorization to June 2023 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 Pro-D days, Easter Monday and Spring Break. **X** \_\_\_\_\_

Lessons are paid for, whether attended or not: make-up lessons are not given for student absences **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 <u>Y/N</u>
POST DATED CHEQUES, CC AUTH or PAD RECEIVED _____	REGISTRATION RECEIVED <u>Y/N</u>



## **COVID-19 PROTOCOL SUMMARY**

1. If You Are Sick in Any Way – You **MUST** Stay Home (Back-op online options will be available)
2. Face Masks are optional (unless health orders indicate otherwise)
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 travelling outside of Canada are required to follow the required guidelines – online options will be available.
7. We will follow the recommended health orders and our policies are subject to change without notice.

### ***Please read and sign below:***

I understand and agree to comply to all the protocols stated in the summary. Failure to follow these guidelines will result in termination of lessons with Bergthorson Academy of Musical Arts.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_