



"giving wings to the music inside you"

Bergthorson Academy of Musical Arts

21-22621 Loughheed 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 ___ Other ___ 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 2024 are required with registration.

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

Please Note: A 3% convenience fee will be charged for all Credit Card transactions.

Your day/time choice will be confirmed when post-dated cheques, PAD or Credit Card Authorization to June 2024 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 have read and understood the full set of school policies. (See separate policies sheet) **X** _____

Lessons are paid for, whether attended or not: make-up lessons are **not** given for student absences **X** _____

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

- **Release Form for Children Students**

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 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** _____

- **Release Form for Adult Students**

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 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**.

Adult 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.**