

# 2017/18 Private VOCAL LESSONS

## STUDENT INFORMATION

Surname (last name): \_\_\_\_\_ First Name: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

\_\_\_\_\_ Age/Grade/School: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Cell/Work: \_\_\_\_\_

Allergies/Medical Conditions  Yes  No

Please provide details: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Daytime Tel / Cell: \_\_\_\_\_

### Vocal Lesson Schedule

<b>Monday (\$1,400 + GST)</b> <i>(reduced due to Statutory Holidays)</i> <b>(Cheryl Mullen)</b>	<b>Tuesday (\$1,500 + GST)</b> <b>(Cheryl Mullen)</b>	<b>Wednesday (\$1,500 + GST)</b> <b>(Stephanie Liatopoulos)</b>	<b>Friday (\$900 + GST)</b> <b>(Stephanie Liatopoulos)</b>
3:00 – 3:45	3:00 – 3:45	3:00 – 3:45	3:00 – 3:30
4:00 – 4:45	4:00 – 4:45	4:00 – 4:45	3:30 – 4:00
5:00 – 5:45	5:00 – 5:45	5:00 – 5:45	4:00 – 4:30
6:00 – 6:45	6:00 – 6:45	6:00 – 6:45	4:30 – 5:00
7:00 – 7:45	7:00 – 7:45	7:00 – 7:45	5:00 – 5:30
8:00 – 8:45	8:00 – 8:45	8:00 – 8:45	
<b>Lesson Requested (day and time):</b>			

**Vocal Lesson Fee** \$ \_\_\_\_\_

**GST (5%)** \$ \_\_\_\_\_

**Total Fee** \$ \_\_\_\_\_

**Payment Option 1 - One Yearly Payment** (total or maximum fee + gst)  \$ \_\_\_\_\_

**Payment Option 2 - Monthly Fee**  \$ \_\_\_\_\_  
(total divided by 10)

(cash or cheque only)

Fees are based upon a yearly rate and for your convenience the payments may be divided equally by 10 payments. Payment in full or first monthly instalment must be paid at time of registration.

I acknowledge that vocal lessons fees are based upon a yearly rate and for your convenience payments may be divided equally by 10 payments for full-year programs. Preferred monthly method of payment is Credit Card however if payment is by cheque please provide cheques for entire payment period (October 1, 2017 – June 1, 2018). There is a \$30 charge for NSF cheques and for credit card payments that are not able to be processed when payment is due. **Withdrawals will not be accepted after December 15, 2017 and full payment is required.**

I have read, understood and consent to the above this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

\_\_\_\_\_  
**Parent/Guardian Name** (please print clearly)

\_\_\_\_\_  
**Signature**