

**STUDENT INFORMATION:**

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Gender:  Male  FemaleAge:  5-9  10-14  15-19  20 +Lessons of Interest:  Piano  Guitar  Vocal  Other

if other, please specify: \_\_\_\_\_

Level of Ability or Level Last Achieved: \_\_\_\_\_

**PARENT OR GUARDIAN INFORMATION:**

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Relation:  Mother  Father  Other: \_\_\_\_\_

Home/Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone:( ) \_\_\_\_\_ Office Phone:( ) \_\_\_\_\_

**STUDENT MEDICAL INFORMATION:**

Students Health Card Number: \_\_\_\_\_

Please specify any non-food allergies student has/may have:

 Dust  Pollen  Bee Sting  Other: \_\_\_\_\_Is the Student taking any regular medication? If so, please provide details, including consistency of medication to be taken:  
\_\_\_\_\_**EMERGENCY CONTACT INFORMATION:**

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Home Phone:( ) \_\_\_\_\_ Alt. Phone:( ) \_\_\_\_\_

Relation to Student: \_\_\_\_\_

**LESSONS INFORMATION**

Days Preferred: \_\_\_\_\_

Time Preferred: \_\_\_\_\_

**ADDITIONAL NOTES : FOR OFFICE USE ONLY**

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**CONSENT FORM & CONDITIONS OF ENROLLMENT**

I hereby certify that I am the parent or guardian of the Student and acknowledge that I am applying for registration for the Student for the Lessons Indicated In this Application. In consideration of acceptance of his Application by SAHM, I hereby agree to the following:

1. I will provide, at my cost, the instrument required for the Student's lessons and any insurance thereon required sufficient enough that SAHM will not be liable for any damage or loss whatsoever to the instrument.

2. I consent to the use of my Home located at the address shown for Mailing Address in this Application for the purpose of the Student taking its lessons from SAHM.

3. All payments will be payable to Stay At Home Music and not directly to the teacher(s) of the Student. I will make all payments on or prior to the payment due date, by cheque. All NSF cheques are subject to a \$25.00 service charge; cash or certified cheque will be required within 5 days of notice or the Student's lessons will be cancelled until payment is made.

4. I acknowledge that I may terminate this registration at any time with 30 days prior written notice to SAHM. No monies will be returned nor any deposit repaid.

5. I will abide by and SAHM's policies and guidelines.

I hereby on my own behalf and on behalf of the Student release and forever discharge SAHM, its authorized agents, employees and representatives from any and all actions, causes of action, claims, damages, loss or injuries of every nature or kind, howsoever arising, which I or the Student may have ever had, now have or may hereafter have as a result of participation by the Student with SAHM.

**X** \_\_\_\_\_  
Parent or Guardian Signature Date

**SAHM'S POLICIES AND GUIDELINES**

1. **Incentive.** A Parent will receive a one (1) free lesson for a successful referral to the School.

2. **Punctuality.** The Student will be punctual for his/her Lessons. The Parent will have up to 30:00am on the day of the Lesson to cancel a Lesson and a valid cancellation will be by means of a phone call and/or voice message to the SAHM. The Parent will be charged for the Lesson not validly cancelled. If the Student is late more than 10 minutes, the Teacher may cancel the Lesson and the Parent will be charged for that Lesson.

3. **Rescheduling Cancelled Lessons.** The Parent will have 30 days to reschedule a cancelled Lesson, subject to the availability of the Teacher.

4. **Supply Teacher.** Due to unforeseen circumstances, including sickness, if required, SAHM may supply an alternate teacher for the Student and no Lessons will be cancelled due to such circumstances. Only in the event that a supply teacher is not available will the Lesson be cancelled and the Parent will not be charged; however, the Lesson may be rescheduled.