



# Bethany School of music & arts

Bethany Community Church, 1388 Third St., St. Catharines, ON L2R 6P9 www.bethanycc.ca  
Laura Shantz, *Director* 905-937-5300 (x 204) arts\_school@bethanycc.ca

## REGISTRATION FORM 2010-11

*Please print clearly ~ Please complete a separate form for each student*

Student's Name: \_\_\_\_\_  Male  Female Birth Date: \_\_\_\_\_  
mm/dd/yyyy (year optional if over 18)

Address: \_\_\_\_\_  
Number Street Apartment City Postal Code

Home Phone: \_\_\_\_\_ Student's Email: \_\_\_\_\_

For each art form you would like to register, please tell us about any previous lesson experience you have and what level you consider yourself: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CLASS CHOICES:** Please indicate the class(es) you wish to study, your preferred time slot/session and the length of lesson you desire. *Note: please refer to the Program Guidebook 2010-11 for your options.*

\_\_\_\_\_ class \_\_\_\_\_ time slot/session \_\_\_\_\_ length of lesson

If you plan to register for more than one class, please indicate your choices using these additional lines...

\_\_\_\_\_ class \_\_\_\_\_ time slot/session \_\_\_\_\_ length of lesson

\_\_\_\_\_ class \_\_\_\_\_ time slot/session \_\_\_\_\_ length of lesson

37 Private Music Lessons	37 Group Dance Lessons	Visual Arts Lessons
30 minutes/week = \$67/month	40 minutes/week = \$33/month + HST	12-week <u>group</u> session: 90 minutes/week = \$225 + HST
60 minutes/week = \$134/month	55 minutes/week = \$38/month + HST	12-week <u>private</u> session: 90 minutes/week = \$380 + HST
<i>*additional fees apply for sheet music or recordings, as required</i>	85 minutes/week = \$53/month + HST <i>*additional fees apply for costumes and footwear, as required</i>	<i>*additional fees apply for art materials, as required</i>

see reverse →

**PAYMENT:** Registration is not confirmed until payment is received. Payment must be received before the first lesson, as follows...

- a) For music and dance lesson: ten post-dated cheques (dated the first of each applicable month and payable to Bethany Community Church).
- b) For visual arts lessons: one cheque (for the full amount) or three postdated cheques (dated the first of each applicable month with the fee divided into three equal parts).

Bring all forms and payment to one of the registration times (Thu Sep 2, 2-4 pm, Fri Sep 3, 2-4 pm and Sat Sep 4, 10 am to 1 pm in the church foyer) OR

- 1. Deliver to the "Bethany School of Music & Arts" mailbox (located down the west hallway off the foyer) OR
- 2. Mail registration and payment to—Attn: School of Music and Arts, Bethany Community Church, 1388 Third St., St. Catharines, ON L2R 6P9

Please read the following information carefully and initial. This section must be completed for registration to be confirmed.

- This registration form is complete and payment accompanies it. (initial) \_\_\_\_\_
- I understand that there is a non-refundable administration fee of \$20 if I cancel this registration. (initial) \_\_\_\_\_
- I understand that no refunds will be given after 45 days from the first lesson. (initial) \_\_\_\_\_
- I understand that the fees for music and dance lessons are calculated weekly and averaged over the school year which results in ten equal monthly payments. (initial) \_\_\_\_\_

Registrant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yyyy

**FOR DEPENDENTS ONLY:** Parent/Guardians, please fill out if student is under age 18...

Student's School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Address (if different than reverse): \_\_\_\_\_  
Number Street Apartment City Postal Code

Home Phone (if different than reverse): \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Emergency Contact Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone (home, work, cell): \_\_\_\_\_

Please list student's allergies and/or other concerns we should know about: \_\_\_\_\_  
\_\_\_\_\_

- My child is under Grade 7 in school. The following person(s), in addition to the parent/guardian listed above is/are authorized to sign my child in and out of lessons: \_\_\_\_\_
- My child is in Grade 7-12 and has permission to sign him/herself in and out of lessons. (initial) \_\_\_\_\_
- I have read the Behaviour Covenant, reviewed it with my child and we agree to comply...

Parent/Guardian Signature: \_\_\_\_\_ Child's Signature: \_\_\_\_\_