



# TORONTO Faculty of MUSIC

3820 Bloor Street West  
Toronto, Ontario  
M9B 1K8

REGISTRATION DATE \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  M  F

Mailing Name  
(To appear on envelope) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT# \_\_\_\_\_ CITY: \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

Home# \_\_\_\_\_ Bus#(Mr) \_\_\_\_\_ Bus(Mrs) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell# \_\_\_\_\_

Student's School \_\_\_\_\_ Grade \_\_\_\_\_ Musical Background/#yrs \_\_\_\_\_

Referred by: \_\_\_\_\_ Instr. \_\_\_\_\_ School Instr. \_\_\_\_\_

**LESSONS ARRANGED FOR:** Day \_\_\_\_\_ Time \_\_\_\_\_ Teacher \_\_\_\_\_

\_\_\_\_\_ Parent Signature \_\_\_\_\_

### FINANCIAL AGREEMENT

REGISTRATION \_\_\_\_\_ **Received** Postdated Cheques \_\_\_\_\_ or **Will Pay** Pre-authorized Payments \_\_\_\_\_

LESSONS \_\_\_\_\_  Visa  M/C  Amex Expiration Date \_\_\_\_\_

BOOKS \_\_\_\_\_ Number \_\_\_\_\_

TOTAL \_\_\_\_\_ \*Card Member Signature \_\_\_\_\_

\* Permission is hereby given to debit the account bimonthly in accordance with this agreement