



## 2020 SUMMER CAMP REGISTRATION FORM

<b>(A separate form is required for each student)</b>					Account Number:						
<b>CONTACT INFORMATION</b>											
Family Last Name:			First:			<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.		<input type="checkbox"/> Miss <input type="checkbox"/> Ms.		Parent/Guardian:	
Years of Study:		Instrument:				Birth date: / /		Sex: <input type="checkbox"/> M <input type="checkbox"/> F			
Street address:				Home phone:			Cell				
P.O. box:		City:		Province:		Postal Code:					
Email:			Teacher's Name:								
How did you hear about LCMS Summer Camps?											
<input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Facebook <input type="checkbox"/> Mail/Email <input type="checkbox"/> LCMS <input type="checkbox"/> Other (please specify)											

PROGRAMS				
PROGRAM	Tuition:			Total:
<b>Student Strings Workshop</b>	<i>(deposit)</i>			
	<input type="checkbox"/> Suzuki Strings Book 1	\$125	\$50	
	<input type="checkbox"/> Suzuki Strings Book 2-3	\$150	\$50	
	<input type="checkbox"/> Suzuki 4+/ RCM 5+	\$200	\$50	
<i>(Deposit non-refundable. Balance of fees due 2 weeks prior to course start date)</i>				
<b>IMPORTANT! Current Piece:</b>	Current Piece:	Composer:	Piece No:	Book No:

<b>Theory Group Classes</b>	<i>(deposit)</i>			
	<input type="checkbox"/> Level 5/6	\$310	\$100	
	<input type="checkbox"/> Level 7	\$310	\$100	
	<input type="checkbox"/> Level 8	\$310	\$100	
	<input type="checkbox"/> History 9/10/ARCT (circle one)	\$575	\$100	
<input type="checkbox"/> Harmony 9/10 (circle one)	\$495	\$100		
<i>(Deposit non-refundable. Balance of fees due 2 weeks prior to course start date)</i>				

<b>Aural Skills for all Musicians</b>	<input type="checkbox"/> Aural Skills	\$75	
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PAYMENT	
	<b>PROGRAM TOTALS:</b>
<b>**Please make cheques or money orders payable in Canadian Funds to Langley Community Music School or LCMS**</b>	

**POLICIES & CONSENT**

**Deposit**

The deposit is non-refundable. The balance of fees is due 2 weeks prior to the course start date.

**Refund Policy**

A full refund of course fees, exclusive of non-refundable deposit, may be obtained if written cancellation notice is received by the LCMS office prior to 2 weeks of the course start date. There will be no refund given for cancellations received within 2 weeks of the course start date.

**Privacy Policy**

Your personal information (such as name, phone number, address, email, date of birth) collected on the LCMS registration form will be used for school administration, communication and accounting purposes only. We exercise care and diligence in managing, transmitting, and securing your personal information once it is received. LCMS does not share, transmit, or release your personal information to outside parties.

**Signature (Parent/Guardian/Adult Student):**

**Print Name of Parent/Guardian (or Adult Student):**

**E-NEWSLETTER CONSENT**

I give LCMS permission to send me emails regarding school news, programs, events and concerts.

**Signature (Parent/Guardian/Adult Student):**

**For Office Use Only**

<b>Date Rec'd:</b>		<b>Payment Md.</b>		<b>Receipt #:</b>	
<b>Access:</b>				<b>Invoice #:</b>	