

# REGISTRATION FORM

## STUDENT INFORMATION

SURNAME \_\_\_\_\_ FIRST NAME(S) \_\_\_\_\_

AGE(S) \_\_\_\_\_

PARENTS' NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

E-mail \_\_\_\_\_

INSTRUMENT(S) STUDIED \_\_\_\_\_

TEACHER(S) NAME(S) \_\_\_\_\_

**Please specify the following for next year:**

- 1) I would like to keep the same lesson time(s): \_\_\_\_\_
- 2) I would prefer to change the lesson time(s) to : \_\_\_\_\_
- 3) I would like to increase the duration of the lesson to: 45 mi. \_\_\_\_ 60 min. \_\_\_\_
- 4) I will not continue \_\_\_\_\_

**PAYMENTS:**            \$50.00 ( family with one child inthe program )

                              \$65.00 ( family with two or more children in the program )

**Please make cheques payable to EWA & WITOLD SWOBODA**

PLEASE ATTACH THE REGISTRATION PAYMENT AND RETURN THE FORM TO  
YOUR TEACHER OR MAIL IT TO:

**Accademia Musica  
2411 Mountland Dr.  
Peterborough, Ont., K9K 1V8**

BY JUNE 15, 2007.

