



École Québec Musique
Quebec Music School

3656 boul. Saint-Charles
Kirkland, QC
H9H 3C3

(514) 697-9058
www.ecole-de-musique.ca

Registration Form

Student

Name (first, last): _____

Gender: Male Female Age: _____

Date of Birth (yyyy-mm-dd): _____

Address: _____

City: _____

Postal Code: _____

Sibling at school (if any): _____

Parent

Parent 1 Full Name: _____

Parent 2 Full Name: _____

Cell #1 : _____ Cell #2: _____

Home #: _____ Work #: _____

Email: _____

Employer: _____

Instrument: _____

Instrument rental: Yes No

By signing below, I acknowledge having read and agree to the terms and conditions of this school, which can be found on the back of this document.

Date: _____

Signature

How did you hear about our school?

Internet

Mailing

Friend

Facebook

Drive/Pass by

Other (specify)

Office Use only

Private Lessons

Teacher: _____

Day: _____

Time: _____

First lesson start date: _____

Amount received: _____

Rental Deposit chq received? _____

Initials: _____

If renting, please complete this section:

Parent's full name: _____

Driver's license number: _____