



'MIMA AND CELLO' MUSIC SCHOOL REGISTRATION FORM 2010/2011

Fall Semester
September, October, November

Winter Semester
December, January, February

Spring Semester
March, April, May, June

Summer Semester
July & August

47 Woodmont Dr. SW Calgary, AB T2W 4L3 Phone: (403) 281-1820 mimaandcello@shaw.ca www.mimaandcello.net

YOUTH ONLY (18yrs. old and under)

Student Name (first last) _____ Nickname: _____ Gender: F M

Student birthday ____/____/____ Grade in school: ____ Type of school: Public Private Home school
Day Month Year

Home Phone: _____ Mom cell: _____ Dad cell: _____

Parents name: Mom: _____ Dad: _____ Parents e-mail: _____

Mailing Address: _____

Emergency contact: Name: _____ Phone: _____

ADULT STUDENT INFORMATION:

Name (first last): _____ Nickname: _____ Gender: F M

Home phone: _____ Cell phone: _____ Work phone: _____

Mailing address: _____

E-mail (please print) _____

I play regularly in: String Quartet, Ensemble, Community Orchestra, Other:

CHECK APPROPRIATE: NEW STUDENT CONTINUING STUDENT

LESSON FREQUENCY: ONCE A WEEK TWICE A WEEK (double tuition)

LESSONS: ACOUSTIC CELLO PIANO **LEVEL:** BEGINNER
 ELECTRIC CELLO VOICE INTERMEDIATE
 CHAMBER MUSIC CHOIR ADVANCED

Music Goals: _____

Previous music education: _____

Years studied / Level achieved: _____

Teacher's name / Institution: _____

Please indicate all possible days and hours during which your child / or you would be available for lessons:

Monday, Tuesday, Wednesday, Thursday, Friday, Saturday

Morning (9am-noon); Afternoon (12pm-5pm); Evening (5pm-9pm)

Between the hours of _____ and _____. Or: _____

Printed name: _____ Signature: _____ Calgary, ____ / ____ / ____
Day Month Year