



ENROLLMENT FORM 2010/11

STUDENT INFORMATION (PLEASE PRINT)

First Name: _____ Last Name: _____

Mother's Name: _____ Father's name: _____

Mailing Address: _____
Street City Prov/State Postal/Zip

Phone(home): _____ Phone(work): _____ Phone(cell): _____

E-mail Address: _____

Age: _____ Date of Birth: _____

Medical conditions we need to be aware of: _____

I have read, understood and agreed to the policies and procedures on the reverse of this form.

Name: _____ Signature: _____
Print name of parent/guardian if under 18 yrs Parent/Guardian/Student over 18 yrs

DISCIPLINE(S) Please Check All That Apply

- Bagpiping Drumming Highland Dancing
 Step Dancing Fiddle

WEEKLY LESSONS

- Location: Summerside Charlottetown Cornwall
Class Type: Group Private Scholarship

PAYMENT INFORMATION

Tuition Fee _____
Instrument Fee for _____
New Students _____
Payment _____
Balance Owing _____
Total _____
For 2 Installment Option _____
Balance of 50% _____
Future Installment _____
(Payable Dec 15th) _____

Total _____

LESSON DETAILS

1. Discipline _____
Day _____ Time _____
Fee _____

2. Discipline _____
Day _____ Time _____
Fee _____

3. Discipline _____
Day _____ Time _____
Fee _____

METHOD OF PAYMENT

- Payment
 Cash Money Order Cheque
 MasterCard Visa Debit

Cardholder Name: _____

Card Number: _____

Expiry Date: _____

Signature: _____

Payment of Balance Owing on Dec 15/10

- Cheque # _____
 Visa MasterCard

process the balance of my fees on my credit card on December 15

Signature: _____

The College of Piping and Celtic Performing Arts of Canada

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REGISTRATION MUST BE BY FAX, MAIL,PHONE OR IN-PERSON