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ACADÉMIE STE-CÉCILE CULTURAL CENTRE ("ASC3")

A Family of Schools Serving the Community Since 1979

925 Cousineau Road Windsor, ON N9G 1V8 swmusic@stececile.ca 519-966-7755

2025-2026 MUSIC REGISTRATION FORM

Student's Full Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_
DD MM YYYY

Parents' Information (applicable for students under the age of 18):

Mother \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Father \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Lesson/s requested:

- checkbox Piano checkbox Violin checkbox Viola checkbox Guitar checkbox Ukulele checkbox Flute checkbox Recorder checkbox Clarinet checkbox Trumpet checkbox Saxophone checkbox Voice
checkbox Drums checkbox Music Production checkbox Music Theory checkbox Music Composition checkbox Music Therapy

Requested Days \_\_\_\_\_ Times \_\_\_\_\_

Length of Lesson: checkbox 30 mins checkbox 45 mins checkbox 1 hour \*Please note that requests are subject to the availability of teachers

Please check/complete one of the following:

- checkbox This student is in good health and is able to participate in music lessons and activities OR
checkbox In terms of allergies, illnesses, diseases, visual and/or auditory difficulties, emotional and/or mental and/or physical disabilities which either have affected and/or may affect this student's general health, and/or his/her participation in music lessons and activities, the following details are noted about this student: \_\_\_\_\_

ACKNOWLEDGEMENT:

- 1. I/We have received the Academy of Music Student Manual and do hereby agree to follow the policies outlined in this Manual and, in particular, the policies on lesson attendance, payments, transfers, termination and refunds as well as the policies on school promotion; and,
2. I/We confirm that the information that I/we provided in this form is correct and true; and,
3. I/We understand that, in all circumstances which involve the attendance of my/our child at ASCIS/Academy of Music and/or the care of my/our child by ASCIS'/Academy of Music's staff and/or delegates, and/or principals and/or officers and/or associates are responsible only for any negligence of ASCIS /Academy of Music and/or employees, servants and/or agents and consequently assume no responsibility for any damage, loss or cost unless caused by such negligence.

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Student's Signature (if over 18 years old)

Date Signed: \_\_\_\_\_

OFFICE USE Payment of \$ \_\_\_\_\_ received on \_\_\_\_\_ Form of payment \_\_\_\_\_