



BE INSPIRED BY THE WORLD OF MUSIC

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NORTH TORONTO INSTITUTE OF MUSIC

REGISTRATION FORM

Student's Name: _____

Name of Parent(s) and/or Guardian(s): _____

Address: _____

City: _____

Postal Code: _____

Home Phone No.: () ____ - _____

Business Phone No.: () ____ - _____

Email Address: _____

Please use this email to send me information pertinent to NTIM lessons, programs, updates & initiatives.

How did you hear about NTIM? Referred by _____

Previous student Direct-mail flyer Internet Newsprint Ad Other _____

I, _____, (parent/guardian) acknowledge that I have read & understand the policies of NTIM & agree to all terms/conditions.

SIGNED

DATE

TO BE COMPLETED BY TEACHER

Instrument/Class: _____ Grade/Level: _____

Lesson Day: _____ Time: _____ 30 min. 45 min. 60 min.

Starting Date: _____

Teacher: _____

Studio Policy Signed

APPROVED BY TEACHER

DATE