Kelowna Community Music School

REGISTRATION 2025/2026

Please complete all areas below and sign after reading the KCMS Policies document.

Information will be forwarded to teachers and used for student records and school administration purposes.

CONTACT INFORMATION	**NEW** ☐	**RETURNING** ☐			
Parent/Guardian Name or Adult Student Name				**Relationship to Student (if applicable)**	
Mailing Address – Street				**City**	**Postal Code**
Phone 1		**Phone 2**		**Email**	
Medical condition(s) of concern?	**Yes** ☐ **No** ☐		**Emergency Contact:**		
If Yes, please advise:			**Email:**		
			Phone:		

I would like to receive the KCMS Newsletter by email ☐ **Already Received** ☐

I would like to be a KCMS Society Member - $10 fee ☐
Thank you for your support!

LESSON INFORMATION						**Office Use Only**	
Student full name	**DOB yy/mm/dd**	**Instrument Group Program**	**Teacher**	**Lesson Length & Day of Week**	**First Lesson**	**Last Lesson**	**Total # of weeks**

I have read and understand the KCMS Policies document

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Print Name (Parent/Guardian/Adult Student) **Signature (Parent/Guardian/Adult Student)** **Date**

Registration forms can be dropped off or emailed to: kelownacommunitymusicschool@shaw.ca

FOR OFFICE USE ONLY

Fees	**# of Lessons**	**Price Total**	**Payment Total**	**Invoiced in Sage**	**Sage Payment J#**	**In File Maker**
Registration						