

Registration 2022/23

This package includes:

* **Registration form** – Please complete one form per family. List each child and each lesson/group.
* **Academic calendar** – Your instructor will confirm your lesson dates directly with you. The KCMS office follows the School District 23 calendar (on the reverse). Visit our website for current calendar items.
* **Policies** – All KCMS policies are posted on our website. All families must review and complete our KCMS Policies and Consent Form prior to attending your first lesson.

**Registration Fees**:

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| **Summer Private Lessons, Group Lessons, and Theory courses** | **$20.00** |
| **Annual Private Lessons for 1 student** | **$50.00** |
| **Annual Private Lessons for 2 or more students from the same family** | **$80.00** |

Note, Registration Fees for private lessons ONLY are pro-rated on January 1st and April 1st

Note: Summer Registration fees will be credited towards your Annual Registration fees

if you continue to take group, theory or private lessons September through June.

**Registration Process**:

1. Confirm all lesson times for each student with your instructor(s).
2. Review our KCMS Policies and Safety Plan on our website.
3. Complete the Registration form attached or [use our fillable form online.](https://www.kelownacommunitymusicschool.ca/registration) List ALL students and ALL lessons on one form. **One form per family.**
4. Save the Registration form as a PDF and email to our office at: [kelownacommunitymusicschool@shaw.ca](mailto:kelownacommunitymusicschool@shaw.ca).
5. To secure your spot, send your Registration fee payment (amount listed above) with your registration form. We accept payment by cash, debit, cheque or etransfer to the email below. Etransfer confirmations will indicate the name of one of our signatories: Lucy Benwell, Samia Hasan, or Robert Payne. **We cannot accept credit cards or credit debit cards at this time.**
6. Once we have confirmed your information, you will receive your KCMS Policies and Consent Form link. Completing this form ensures you have read our policies.
7. Your spot is not guaranteed until the registration fees have been paid and you have completed the KCMS Policies and Consent Form.
8. Lesson Fee Invoices for 2022/23 will be processed after August 14, 2022 advising you of the total cost and payment options.

Office hours: Monday 9am-5pm; Tues-Thurs 1-5pm

250-860-1737

Please phone prior to visiting to confirm summer office hours.

Win Back Your Registration Fee!!

**All families who have paid their annual Registration Fee by 4:30pm, Thursday, July 14th**

**will be entered into a draw to win back their registration fees!**

*(Credit will be applied against annual fees for 2022/23. No cash value.)*

**PLEASE CONFIRM YOUR START DATE WITH EACH TEACHER.**

Email: [kelownacommunitymusicschool@shaw.ca](mailto:kelownacommunitymusicschool@shaw.ca) or visit us online at [www.kelownacommunitymusicschool.ca](http://www.kelownacommunitymusicschool.ca)

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| **2022-2023 KCMS Academic Calendar** | | | | | | | | |
|  | **Sun** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** |  |
|  |  |  |  |  |  |  |  |  |
| **September** |  |  |  |  | **1** | **2** | **3** | ***School begins***  ***Sep 6***  ***Truth & Reconciliation Day Sep 30***  ***Closure TBC***  ***Thanksgiving***  ***Oct 10***  ***Remembrance Day Nov 11***  ***Christmas break***  ***Dec 19-Jan 2***  ***School reopens***  ***Jan 3***  ***BC Family Day***  ***Feb 20 - SD23 closure TBC***  ***Spring Break***  ***Mar 20-Apr 2***  ***Easter***  ***Weekend***  ***Apr 7-10***  ***Victoria Day***  ***May 22***  ***SD23 Final day June 29*** |
|  | **4** | **5** | **6** | **7** | **8** | **9** | **10** |  |
|  | **11** | **12** | **13** | **14** | **15** | **16** | **17** |  |
|  | **18** | **19** | **20** | **21** | **22** | **23** | **24** |  |
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| **October** |  |  |  |  |  |  | **1** |  |
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| **November** |  |  | **1** | **2** | **3** | **4** | **5** |  |
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| **December** |  |  |  |  | **1** | **2** | **3** |  |
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| **January** |  |  |  |  |  |  |  |  |
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| **February** |  |  |  | **1** | **2** | **3** | **4** |  |
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| **March** |  |  |  | **1** | **2** | **3** | **4** |  |
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| **April** |  |  |  |  |  |  | **1** |  |
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| **May** |  | **1** | **2** | **3** | **4** | **5** | **6** |  |
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| **June** |  |  |  |  | **1** | **2** | **3** |  |
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| **The KCMS Office is closed on shaded days - Teachers may still hold lessons.** | | | | | | | | |
| **Please confirm your schedule directly with your teacher.** | | | | | | | | |

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| **CONTACT INFORMATION NEW RETURNING** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Parent/Guardian Name or Adult Student Name** | | | | | | | | | | | | | **Relationship to Student (if applicable)** | | | | | | | | | | | | | | | |
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| **Mailing Address – Street** | | | | | | | | | | | | | **City** | | | | | | | | | | **Postal Code** | | | | | |
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| **Main Phone** |  | | | | | **Alt Phone** | | |  | | | | | | | **Email:** | | |  | | | | | | | | | |
| **Medical condition(s) of concern?** | | | | | **Yes No** | | | | | | **Emergency Contact:** | | | | | | |  | | | | | | | | | | |
| **If YES, please advise:** | | |  | | | | | | | | **Phone:** | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | **Email:** | | |  | | | | | | | | | | | | | | |
| **I would like to receive the KCMS Newsletter by email Already Received Yes No** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I would like to be a KCMS member. Members have the right to vote at our Annual General Meeting each fall. $10 fee** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **LESSON INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | **Office Use only** | | | |
| **Student**  **(full name)** | | **Date of**  **Birth**  **(yy/mm/dd)** | | **Instrument or Group Program** | | | | | | **Teacher** | | | | | **Day** | | | | | **Length** | | **First Lesson** | | | **Last Lesson** | | **Total # of weeks** | |
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| **Important: I understand ALL schedules must be confirmed with each teacher.**  **I understand I will be receiving a KCMS Policies and Consent Form to complete when I receive my invoice.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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**](mailto:kelownacommunitymusicschool@shaw.ca) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FOR OFFICE USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fees** | | **# of Lessons** | | **Price** | | | **Total** | | | | | **# of P/D payments** | | **Amt. Per Payment** | | | **Sage Invoice #** | | | | **Sage Invoice**  **J#** | | | **Sage Payment**  **J#** | | **In File Maker** | | **News**  **letter** |
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**REGISTRATION 2022/23**

**Please complete all areas below.**

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