



INTERMEDIATE APPLICATION FORM

2022-2023

MATT COVID 19 policy: Ontario guidelines for social distancing, class size limits, and sanitizing will be adopted for all personal contact with students and their families.

Requirements for ENTRY to PROGRAM

- Continuing MATT Student, or interview/audition for consent of the Director.
- Application form must be completed in full.
- Cash payment of \$75.00 is due upon the first day of each 12-week session. There are three sessions per year. Payment methods accepted are cash, cheque and e-transfer.

Section A: General Information

Name of Child: <input style="width: 80%;" type="text"/>		Age: <input style="width: 30px;" type="text"/>	Gender: <input type="radio"/> M <input type="radio"/> F
Address: <input style="width: 90%;" type="text"/>		Date of Birth: <input style="width: 150px;" type="text"/>	
City: <input style="width: 150px;" type="text"/>	Postal Code: <input style="width: 100px;" type="text"/>	School: <input style="width: 150px;" type="text"/>	
Home Phone: <input style="width: 100px;" type="text"/>	Cell Phone: <input style="width: 100px;" type="text"/>	E-mail: <input style="width: 150px;" type="text"/>	
Medical Conditions / Food Allergies if any: <input style="width: 150px;" type="text"/>		Do you need Financial Assistance? <input type="radio"/> Yes <input type="radio"/> No (If yes, please provide Social Assistance Tax receipt or Contact Administrator)	
Instrument currently playing with MATT: <input type="radio"/> Violin <input type="radio"/> Cello <input type="radio"/> Viola <input type="radio"/> Bass	Is the instrument owned? <input type="radio"/> Yes <input type="radio"/> No	If owned, what size? <input type="radio"/> 4/4 <input type="radio"/> 3/4 <input type="radio"/> 1/2 <input type="radio"/> 1/4	
Returning MATT Student: <input type="radio"/> Yes		If returning, last level completed: <input style="width: 150px;" type="text"/>	
How did you originally hear about MATT?		<input type="radio"/> Website <input type="radio"/> Poster/Flyer <input type="radio"/> Farmer's Market <input type="radio"/> YouTube <input type="radio"/> Social Media <input type="radio"/> Other (Please Specify) <input style="width: 150px;" type="text"/>	

Section B: Rental Agreement

The Music at the Towers Program is designed to offer String orchestra instruction to students and the opportunity to rent quality instruments. In order to minimize rental costs, and to accommodate use for the full year of the program, the loan period is one year. Our teachers will check for correct size throughout the year, and exchange as needed.

NB: Each participant has received a Care of the Instrument brochure, which is discussed at the first session in Sept, 2021. Your instrument is fragile and needs to be treated with care. Any damages incurred beyond normal wear and tear, are the responsibility of the renter. If the instrument is lost, stolen or destroyed, the renter is responsible for replacement of an instrument of equal value. It is also recommended that you insure it under your household insurance plan.

*** Rental is not required, but is recommended until the instrument size required is a full-size instrument.**

Rental Dates: September 6, 2022 to September 5, 2023	Rental Fee: \$150.00 for 1 full year
Responsibility Guarantee: <input type="radio"/> Visa <input type="radio"/> MC	Photo ID: <input style="width: 150px;" type="text"/>
Name on Card: <input style="width: 250px;" type="text"/>	ID #: <input style="width: 150px;" type="text"/>
Card #: <input style="width: 100px;" type="text"/> Exp: <input style="width: 80px;" type="text"/>	Insurer: <input style="width: 150px;" type="text"/>

If the instrument is not returned on or before the last date of the agreement, and the student discontinues participation in the program, the full cost of the instrument will be charged to the above credit card.

Section C: Parental Support Agreement

The student's success and enjoyment depends on **excellent attendance and home practice, supported, scheduled and maintained by the parent.**

1. Attendance: I understand that attendance is required at every class, arriving 10 minutes ahead of class start time. I will avoid making other appointments for my child at this time. In case of necessary absence, I will call the MATT office on the morning of the class: 905-497-2220. Please refer to the Absence Policy.	Initials: <input style="width: 50px; height: 20px;" type="text"/>
2. Practice: I will attend class with my child to learn and record lesson material. I will help my child to progress by maintaining and recording a regular practice routine, at least four days per week.	Initials: <input style="width: 50px; height: 20px;" type="text"/>
3. Keeping informed: I will check the blog by Thursday each week for practice requirements and Parent information. http://www.musicatthetowers.ca/blog/	Initials: <input style="width: 50px; height: 20px;" type="text"/>
4. Instrument care: I agree to take full responsibility for Care of instrument(s) / MATT property assigned to my child/children. Value \$600.to \$2000. and insure the instrument under my insurance policy.	Initials: <input style="width: 50px; height: 20px;" type="text"/>

Section D: Photo Waiver

Please choose one of the following:

- I give my permission for my child to be photographed/videotaped while attending Music at the Towers Children's Program lessons. I allow these photographs to be used with first names only, from time to time for the purpose of advertising and promotion on the MATT blog or on other promotional materials.
- I do not give my permission for my child to be photographed/ videotaped as outlined above.

Name of Child: Name of Parent:

Signature: Date:

Important: Please e-mail the completed form to: aghadir@musicatthetowers.ca.

When e-mailing, please mention the subject line as "Application Form".

We welcome your child and your family to the Music at the Towers experience!

"Music is the language of the spirit. It opens the secret of life bringing peace, abolishing strife."— [Kahlil Gibran](#)

For Office Use Only

Student's Name: _____ Teacher's Name: _____

Level for 2022: _____

Instrument: _____ Size: _____ MATT #: _____

Replacement Cost: _____ Additional Equipment (Rock Stop/Shoulder Rest) # _____