



GANER BHUBAN

MUSIC AND CULTURAL INSTITUTE OF CALGARY

Session: 20 – 20

Name:

Level: Birthdate:

Grade in School:

Parent's Name:

Address:

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Tel: Cell:

Email:

Emergency Contact:

Instrument at Home:

Is there anything special that we should know about your child:

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Registration Fee: \$ Monthly fee: \$

I, the parent / guardian ofhere by
authorization the above mentioned child participate in the music lesson offered by above
mentioned institution

Parent's Signature Date:

*** Students information is for use only by "GANER BHUBAN" Bengali music school.
It will not be disclosed to a third party without your permission.

Received By Date: