

Registration

I hereby apply for lessons for myself/my child. The contract becomes effective after confirmation by the Internationale Musikschule Berlin and arrangement of lessons. This information will be used only for music school purposes.

Student: First Name: _____ Name: _____ d.o.b.: dd. mm. yyyy m f

Legal guardian: Mr. Mrs. First Name: _____ Name: _____

Street: _____ Zip Code: _____ City: _____

Cell Phone1: _____ / _____ Cell Phone2: _____ / _____

E-mail: _____ Phone: _____ / _____

Instrument/Subject: _____

Private Class 20 min./week (only kindergarten) 30 min./week 45 min./week 60 min./week

Group Class 2 students 30 min./week 45 min./week

Early Childhood Music Edu. (group) 30 min./week 45 min./week

Early Beginner (group preparation for instrumental class) 45 min./week

10 lesson card (adults) 10 lesson card/30 min. 10 lesson card/45 min. 10 lesson card/60 min.

Beginner: Yes No, previous lessons: _____

Native Language: _____ Language for Lessons: _____

School/Kindergarten/Work: _____ Additional Comments: _____

Desired lesson time (day/time): _____

I acknowledge the scale of fees and the General Terms and Conditions and accept it as part of the agreement.
The payment is due by the 10th day of each month.

Direct debit authority: I hereby authorize the Internationale Musikschule Berlin to debit lesson fees directly. I can revoke this authorization at any time.

Account holder: _____ Bank: _____

IBAN: DE ____ | ____ | ____ | ____ | ____ | ____ BIC: ____ | ____ | ____

The fee will be withdrawn by the Internationale Musikschule Berlin by the 10th day of each month. The transaction will be recognized by our Gläubiger-ID DE68ZZZ00000752144 and your student ID number (Mandatsreferenznummer) which you will receive together with the confirmation of registration.

Place/Date _____ **Signature** _____

Lesson Arrangements (to be completed by the Internationale Musikschule Berlin)	
Date of 1st lesson: _____	Place of Lessons: _____
Teacher: _____	Fee: _____
Changes: _____	
Place/Date _____	Management of the IMS Berlin _____

Note: Please complete the registration form (1 per student) and send it signed and dated as by e-mail (scan), mail or fax to the Internationale Musikschule Berlin. **Please fill in your e-mail-address!**