

“WAITING LIST FORM”

Studio of Shelagh McKibbon-U'Ren, R.M.T., U.M.T.C.

If you are interested in being placed on my Waiting List, please return this completed form as soon as possible. If I do not hear from you, I will assume that you are not interested in being placed on the Waiting List for lessons at this time. Thank you.

Completed forms can be mailed or dropped off to:

Shelagh McKibbon, 1179 Cuthbertson Avenue, Brockville, Ontario. K6V 7B1

OR

at the office at Académie Catholique Ange-Gabriel.

Student: _____

Age: _____ Grade at school: _____

Preferred Lesson Location:

_____ - Académie Catholique Ange-Gabriel

_____ - Shelagh's Home Studio (1179 Cuthbertson Avenue)

If there are days/times that you absolutely **cannot** have this student's lesson time, please list them here: _____

I understand that Shelagh McKibbon will contact me if a convenient lesson time becomes available. If I am still interested in registering my child at that time, I understand that I will be required to complete the "Registration Package" in order for my child's lesson time to be confirmed.

Parent/Guardian's Name: _____

Home Phone Number: _____

Address: _____

Email: _____