



REGISTRATION FORM

Billing Information			
Name:			
Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:	
E-mail Address:	How Did You Hear About Us:	Preferred Contact Method: <input type="checkbox"/> Email <input type="checkbox"/> Phone	
Student Information			
Class: <input type="checkbox"/> Piano <input type="checkbox"/> Guitar <input type="checkbox"/> Violin <input type="checkbox"/> Harp <input type="checkbox"/> Voice <input type="checkbox"/> Other _____			
Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Age:
Additional Information:			
Photo Release			
I hereby give permission to use student photos on our website, printed material or studio display: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Payment Method			
Annual Registration: fee of \$40.00 per family per school year, August 1 st , 2017 through July 31 st , 2018, is due when enrolling. Tuition is due by the tenth of each month; a \$10.00 late fee will be added after the 10th. No refunds granted. _____ Initial Here			
<input type="checkbox"/> Recurring credit/debit card (Visa or MasterCard): \$100.00 monthly. This includes all scheduled private lessons for the year. (Fill out and sign Recurring Credit Card Authorization form.)			
<input type="checkbox"/> Regular payment (check, cash, Visa or MasterCard): \$100.00 monthly. This includes all scheduled lessons for the year.			
*Family discount: 10% off tuition per additional student.			
Parent/Guardian or Personal Consent and Medical Release			
I hereby give permission for the student(s) listed above to participate in classes at the Creative Music, Art & Learning Center. I will support and abide by the rules and policies. It is understood that students/participants are expected to carry their own medical insurance and that instructors of the Creative Music, Art & Learning Center programs are safety conscious and follow appropriate safety procedures. I assume responsibility for those ordinary and reasonable risks associated with the activities. I agree to hold harmless the Creative Music, Art & Learning Center and its associates from any and all claims arising from my child's/my participation. In the event of an injury or illness, every effort will be made to contact the parent, guardian, or family member. I authorize medical treatment, if this becomes necessary.			
Signature:			Date: