



# School of Music Registration Form 2009-2010

Student's Name

Last

First

Date of Birth  Age on 8/24/09

Gender  Ethnicity (for statistical purposes)

School (if applicable)  Grade

Billing Contact Name

Last

First

Address

City  State  Zip Code

Home Phone  Cell Phone

E-mail Address

Emergency Contact Name

Last

First

Home Phone  Cell Phone

I, \_\_\_\_\_, the parent/legal guardian, give permission to Harmony School of Creative Arts to use any photographs or like media (i.e. video) of my child, \_\_\_\_\_, for any purpose such as publicity, promotional materials, or any other use deemed appropriate by the School's Employees.

Or

I, \_\_\_\_\_, the parent/legal guardian do not give Harmony School of Creative Arts permission to use any photographs or any like media of my child, \_\_\_\_\_.

Signature of Parent/Legal Guardian or Student (if over 18)

Date

## MEDICAL RELEASE

Physician

Phone

Are immunizations, including tetanus, current?    Yes    No

Allergies

Medications currently being taken

In case of a medical emergency, after every reasonable effort has been made to contact me, the child's physician, or the person listed as "Emergency Contact," I hereby give my permission to the Emergency Medical personnel and/or physician contacted by the adult in charge to secure treatment for me or my child. In the event that any such treatment is not covered by insurance applicable to the activities, I agree to pay expenses incurred in such emergency treatment.

To the best of my knowledge, the information contained on this sheet is correct. Except as noted, the person herein described has permission to engage in all activities he/she has enrolled in.

Signature of Student (if over 18)

Date

Signature of Guardian (if under 18 )

Date

## MY LESSONS/CLASSES

Private Music Lessons-

Piano    Violin    Viola    Cello    Guitar    Voice    Flute    Saxophone    Percussion

Other Class/Group Class \_\_\_\_\_

Teacher Preference \_\_\_\_\_ Start Date \_\_\_/\_\_\_/\_\_\_

Length of lesson \_\_\_\_\_

## TUITION & PAYMENT INFORMATION (20 WEEK SPRING SEMESTER)

30 Minute Lesson/Week - \$380/Semester (5 payments @ \$76)

45 Minute Lesson/Week - \$570/Semester (5 payments @ \$114)

60 Minute Lesson/Week - \$760/Semester (5 payments @ \$152)

For information on group rates, please contact the Registrar at School Office.

### ANNUAL REGISTRATION FEES:

Family - \$25    Individual - \$15

### PAYMENT OPTIONS:

Semester in Full     Monthly Payments     Automatic Debit/Credit Card Payments

I have read and agree to abide by the School's policies as outlined in the Student Handbook and understand the Board of Directors can change these policies at any time.

Tuition

Registration Fee

Total

\_\_\_\_\_  
Signature of responsible party

\_\_\_\_\_  
Date