



2017-2018 Registration Form

Student's Name _____

Instrument: Drums Guitar Piano Vocals
 Bass Guitar

Date of Birth/Age _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

E-Mail _____

(If student is under 18 years of age)

Guardian #1 Name _____ Guardian#2 Name _____

Guardian #1 Cell Phone _____ Guardian #2 Cell Phone _____

Academic School _____ Grade _____

Emergency Contact (If Guardians are not available)

Name _____ Relationship _____ Phone _____

Please list any health concerns or classified learning results:

How long has the student studied music? _____ (# of years) Where? _____

Which instrument? _____

How did you hear about our school? _____

For Office Use Only

Lesson Day _____

Lesson Time _____

Instructor _____

Sibling Discount _____

Dance Discount _____

TERMS OF AGREEMENT

School Policies – Final decisions - Director’s Discretion.

- Season runs **September thru June** including holiday closures.
- Students who start lessons after January 1st, cannot participate in the Spring Concert. In April, students receive a notification regarding participation in the Spring Concert. Not all students are eligible.
 - Eligible students must return eligibility letter and attend Mandatory Concert Rehearsal or he/she will **NOT BE PERMITTED TO PERFORM IN SPRING CONCERT. Concert Tickets NON REFUNDABLE.**
- Students must be 6 y/o to register.
- Trial Classes and Insurance Fee must be paid in full prior to entry.
- **No refunds for make-up classes.**
- Illness/inclement weather make up lessons must be scheduled within one week of the missed lesson & made up within one month. One make up opportunity ONLY. Make-up lessons subject to instructor’s availability.
- **STUDENT CANCELLATIONS – Parent/Student must call the studio 2 hours prior to scheduled lesson to be eligible for make-up. LESSONS ARE NON-REFUNDABLE.**
- **Students more than 10 minutes late without notification are cancelled with no refund.**
- DO NOT drop students off more than 10 minutes early, younger students must be accompanied by parent/guardian in lobby.
- Damaged instruments use will result in a replacement fee.
- Student must be prepared with all instruments, gear and materials.

Initial

Payment Options – TUITION CALCULATED ACCORDING TO THE NUMBER OF DAYS A LESSONS OFFERED DURING A GIVEN MONTH.

Payments can be made by cash, check, Visa, MasterCard or Discover

I will:

- Pay the entire amount of, base tuition, in full for a 5% discount. NO OTHER DISCOUNTS APPLY. Due by October 1st, 2017. Total Due _____
- Pay in monthly installments. This payment option requires the first month’s tuition be paid along with Insurance Fee at registration. Thereafter, monthly payments are due by the 1st of each month, ending with the last payment in May. **May and June tuitions will be billed together**

Annual Insurance Fee (\$20.00): _____ 1st Payment Total = _____

1st Month Tuition: _____

Ck#/Cash/CC _____
Date _____
Amount Paid _____

Fees/Refunds - All final decisions will be at the Director’s Discretion.

- Annual Insurance fee - \$20.00 each student. Non-Refundable
- **Discounted one hour pricing only applies to lessons within the same genre.**
- \$15.00 late fee charged on payments made after 15th of the month
- \$25.00 AIM service charge AND any accrued bank fees on returned checks.
- May and June tuitions are billed together in May and will be due before May 20, 2018.
- If a student adds or drops a class mid-month – NO REFUNDS. All fees are non-refundable.
- If student in option #1 withdraws enrollment, 2 month’s tuition/withdrawal fee applied.
- Students who cannot conduct him/herself appropriately, will be escorted out of studio with **no refund.**

Spring Concert Tickets- Tickets will not be sold to delinquent accounts. Tickets NON REFUNDABLE

Purchasing Concert tickets for another AIM account strictly prohibited.

Tickets for ALL accounts involved are frozen. \$100.00 fee per account assessed.

No entrance to concert permitted until all fees paid in full.

Waiver

Initial

I waive any and all liability against Arts In Motion Academy, LLC., on my behalf of myself and my child/children for any injury, illness, or death, as well as loss any property while participating in all activities on or off Arts In Motion Academy’s LLC. premises and all classes/activities offered. By signing below, I confirm that my child is covered under my own medical insurance policy and said policy will be used in case of any emergency illness or injury. If I am not present, I authorize Arts In Motion Academy to seek medical attention for my child. Arts In Motion Academy LLC will not be held responsible at all for any illness, injury or death on or off Arts In Motion Academy LLC. premises. I give my permission for my child to be photographed/ videotaped for promotional purposes. I fully understand and accept all the terms and conditions of this agreement. I am fully responsible for all charges/payments for this account as well as my child’s behavior.

Signature _____

Date _____