

# THE MUSIC PLACE & ARTS CONSERVATORY

## Registration Form **2008 - 2009**

Space is limited, please call 817-473-2822 or 817-412-8458  
to reserve your place before mailing this form.

Mail to: 2401 Callender Rd. Suite 117, Mansfield, TX 76063

Student Name \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Class Day & Time \_\_\_\_\_ Instrument \_\_\_\_\_ Class Level \_\_\_\_\_ Previous Experience \_\_\_\_\_

Medical Information (Please include any known allergies.) \_\_\_\_\_ Parents E-mail Address \_\_\_\_\_

Returning Student: Yes No If new, how did you hear about us? \_\_\_\_\_

### **TUITION/FEES/DISCOUNTS**

**Group Lessons:** \$65 per month (EZ group piano & spanish - \$50 per month)

**Private Instruction:** \$20 per lesson

**Family/Sibling Discount:** 5% group students, \$2 off per private instruction  
(Discount will apply to student with the lowest monthly fee.)

**Multiple Student/Class Discount:** We also offer discounts for families with more than 2 members enrolled and/or students attending more than 1 class. Please call for details.

**Registration:** \$30 (Deduct \$2 for first sibling, \$4 for second sibling, etc.)

**Art Supply Fee:** \$30 **Spanish Supply Fee:** \$30

**Recital fee of \$25 due February 1st, 2009.**

I understand tuition is due the first class of each month. A \$15 late fee will be applied to payments received after the 15<sup>th</sup> of each month and no refunds will be given if I, or my child, choose to drop a class.

I understand all reasonable safety precautions will be taken at all times by The Music Place & Arts Conservatory and its agents during events and classes. I understand the possibility of unforeseen hazards and know the inherent possibility or risk. I agree not to hold The Music Place & Arts Conservatory and any leaders, employees, and/or volunteer staff liable for damages, losses, disease or injuries incurred by the subject of this form.

I give permission for my child's photograph to appear in print material or on the Internet. I understand that my child's name will not be used without further permission. If I do not wish my child's photograph to appear, this paragraph will be crossed out.

Parent / Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Please sign and complete the other side of this form before mailing in.**

