

THE MUSIC PLACE & ARTS CONSERVATORY

Registration Form 2010 – 2011

Space is limited, please sign up early to ensure placement in your chosen class.

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

Call to register: 817-473-2822
(Registration fees are non-refundable.)

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: Meet weekly for 45 minutes and are \$70 per month. (EZ group classes for our youngest students meet weekly for 30 minutes and are \$55 per month.)

Private Instruction: \$25 per lesson, times will be scheduled at the time of registration.

Two cancellations per semester are allowed, 24 hour notice is required. Other cancellations made within 24 hours of lesson will be credited at 50%.

Family / Multiple Class Discount: 5% for second sibling/class, 10% for third sibling/class, 15% for all subsequent siblings/classes. (Discounts will apply to classes with the lowest monthly fee.)

Registration: \$30 per child with a \$50 maximum per family.

Recital fee of \$25 due by March 1st, 2011. (Recital is not required, but strongly encouraged.)

I understand tuition is due the first class of each month. A \$7 late fee may be applied to payments received after the 15th of each month. 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/turning in.

Circle one: Cash Check MasterCard /Visa Discover Amex

Card Number _____ VCC (3 digits on back of card) _____ Exp. Date _____

Name on Card _____ (Please add an additional \$2 fee per transaction for American Express and Purchasing Cards.)

Tuition: \$ _____ per month/lesson Registration fee: \$30

Book or Supply fee: \$ _____ Discount: \$ _____

Total payment: \$ _____

Signature _____

Automatic Payment Plan:

For your convenience we can charge tuition to your credit/debit card on the 1st of each month. If you would like to participate **please sign here.**

Name

Date

Student Name: _____ **Class Day & Time:** _____

Emergency Contact: _____

Sibling/Family member's name/s (if applicable): _____

For Office Use Only

Registration	Early Registration Credit	Recital	Sibling/s