

REGISTRATION
Spring 2018
Student



For Office Use Only:

Date Received _____
Reg Fee Paid _____
Tuition Amt Paid _____
Check Number _____
Teacher _____

PERSONAL INFORMATION

Please Choose: New Student ___ **Returning Student** ___

Student's Name _____ Male/Female _____ Age _____

Birthday _____ Grade _____ School _____

Father's Name _____ Mother's Name _____

Address _____

(Street)

(City)

(State)

(Zip Code)

Cell Phone (Mom) _____ (Dad) _____

Email address _____

If statements should be sent to an address different from the one above, please complete the following:

Name _____ Relationship to Student _____

Address _____

(Street)

(City)

(State)

(Zip Code)

II. COURSE SELECTION

Area of Private Instruction: Piano ___ Voice ___ Violin ___ Cello ___ Clarinet ___ Saxophone ___
Flute ___ Harp ___ Guitar ___

Private Lesson: Circle One: 15 min (only preschool piano) 30 min 45 min 60 min

Area of Group Class Instruction:

Kindermusik: Birth - 1 ___ 1 ___ 18 Months ___ 2 ___ 3 ___ 4 ___ 5 ___

Musicianship Class: ___ (Days & times by age/level; must be enrolled in private lesson)

Important Please indicate 1st, 2nd, and 3rd choices for weekday and time of Private Lesson:

1. _____ 2. _____ 3. _____

Have you had previous instruction? **Yes/No** If yes, please specify instrument, class, teacher, years of study, and current repertoire: _____

III. BUSINESS AGREEMENT

I am committing (Student's Name) _____ for the full semester's study, and I agree to pay the entire semester's tuition (see "Fee Schedule" on website for amount) and understand that **refunds will not be given** even if lessons are discontinued by the student before the semester's end except in extreme circumstances such as death or moving out of state. Payment for previous lessons missed will not be refunded. If a teacher must miss a lesson, that lesson will be rescheduled at a mutually convenient time.

I will pay in the following manner: 3 equal payments _____ (not available after January 12) payment in full _____

This form is to be accompanied by a **\$25 registration fee and one-third of the semester's tuition** which will not be refunded. The **second payment must be made by February 1** or the student will not be allowed to continue lessons or perform in recitals. The **third and final payment is due and payable on March 1**. Account payments not completed by **March 1, 2018** will be charged a \$50 late fee and the student will not be allowed to continue lessons or to perform in recitals.

Signed _____ **Date** _____

(Party Responsible for Payment)

Make checks payable to Samford University. Return to: Academy of the Arts, Music, Samford University, Birmingham, AL, 35229. Fax number 205-726-4020. www.samford.edu/go/aota