

**REGISTRATION**  
**Fall 2017**  
**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 August 1) 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 September 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 October 2**. Account payments not completed by **October 2, 2017** 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](http://www.samford.edu/go/aota)