

Great Northwest Music 2022-2023 Student Registration Form

| Student information: | | | |
|--|---|--|--|
| Name: | Age: | Birthdate | :// |
| Billing information: | | | |
| Parent: | Pref | erred mode of co | ntact: Call Text Email |
| Phone*:() | Alternate | phone*:() | |
| Email: | | @ | |
| *Please make sure that all nu | ımbers provided are a | able to receive voice i | mail and/or texts. |
| Address: | | | |
| Emergency Contact: | | | |
| Name:Pr | none:() | | Relationship: |
| This section to be filled out by Great Northwes | | | |
| Class: | | | |
| Lesson: Private Shared Lesson with: | | | |
| Instrument: | | | |
| First Month's Tuition \$ (Full/Pro-rate | | | |
| Tuition Payment Options: Cash, payable on the last lesson of any given Music. This card will be billed the first busines Autopay via an active credit/debit card number each month. Post-dated checks for the semester (one per Prepayment of four months' tuition (received) | s day of the month if cash er placed on file with Grea month for January-June | payment has not been m t Northwest Music. This ca or July-December). | ade. ard will be billed the first business day of |
| | OFFICE USE ONL | Y | |
| Registration Fee received: Tuition received | ed: Autopa | y Form received: | |
| Method: Cash Autopay Post-dated checks 4 | • | | |
| Entered in AIMSI Date:Initials: | | Payment Applied Dat | te: Initials: |

| This section to be filled out by Great Northwest Music Staff: | | | | | Great Northwest Music | | |
|---|--|---|---|---|--|--|--|
| Student: | | | Teacher: | | _ | | |
| Class/Lesson Day & Time: | | Start Date:_ | | Policies and Procedures | | | |
| | Student Dro supervised a Student With count for any en, or materia Missed Less any reason. (last month in Missed lesso Any subseque weather or te sence, and we Missed Class | p-Off & Pick-up t all times while indrawals/Refun remaining lessonals. Sons: Students recredit for each a attendance. If an attendance after the absences after acher cancellations with work with yeses: No credit we will work with yeses: | c: Children 8 or youngern the store. ds: Students may wither ons. There are no refundance will be applied to all possible, please not iter the 4 will be billed at on (see below). Please your family's needs. | draw at any time desirated as for registrations per semested to the last monte of the store 2 in.) or no notifice see us if stude | ed to and from their lesson and directly e, and a credit will be placed on ac- on fees, tuition for classes/lessons tak- r (Jan.1-Jun.30 and Jul.1-Dec.31) for h of the semester or to the student's or more hours prior to the lesson. ation will be billed as given lessons. y, with the exception of inclement int illness necessitates a prolonged ab- ents are encouraged to call and get | | |
| _ | Cancellations due to instructor absences/inclement weather: Lessons: If a teacher must cancel and a substitute is not available, the lesson will be credited to the student's account. If District 7 schools close due to inclement weather, students will be contacted and any missed lessons will be credited to the student's account. Classes: If a class is cancelled for either of the above reasons, the teacher will make up the missed class by either adding time to any remaining classes or adding on an additional class. If a make-up class cannot be scheduled, the missed class will be credited to the student's account. | | | | | | |
| | after each cla gency contact parent or the ans of minors | ass or lesson. In t can be reached emergency cont s, students and a ursue any legal a | case of a medical eme d, the studio is authoriz tact listed on the revers adult students, represer | rgency, if neithe ed to direct the e side of this re ited by the sign | neir children's supervision before and the parent of a minor nor the emerstudent's care until the arrival of the egistration form. Parents, legal guardiature on the registration form, waive or for any injury sustained while at | | |
| n | | ent to abide by th | | | edures. By initialing each one, I indicate n for any injury as stated in the Policies | | |
| | | | | | | | |
| | | Signature | of Parent /Adult Student | | Date | | |
| | | | Print Name | | | | |

