

Beacock Music Home School Extension Program- Registration Form

(Please Print) Please note if your form is not filled out completely it may delay your registration. Each child must have a completed registration form. Thank You!!!

Student _____ Age _____

Parent _____ E-Mail _____

Phone _____ Cell Phone _____

Emergency Contact and Phone Number _____

Address _____ City, State _____ Zip _____

Home School Org. (please circle or write in organization)
Home Choice, Home Connection, HomeLink, Traditional, Other _____

Class Title (please include level) _____ Time _____ Day _____

Instrument _____ Grade _____

Payment Information:

Please circle Amex /Visa/ Master Card /Discover

Debit/Credit# _____

Exp. _____

Tuition is taken out on the 25th of each month automatically, starting September 25th for October and April 25th for May. Tuition is not refunded if the student drops classes; parents will assume all costs of the dropped classes including the schools portion of payment. The payment will then be \$30.00 per month until the end of the school year. Parents may also pay for the entire year of tuition at the start of the October school year. No refunds are given if students drop classes. (Our classes run based on student sign ups)

Student & Parent Contract:

I _____ (students name) hereby agree to participate in _____ (class name) from October 1st, 2010 to May 31st, 2011. I agree to perform with my fellow students in the concerts that will be held during the school year. I understand that practicing a minimum of 20 minutes a day for 5 days a week is required in order to gain the necessary skills to improve my playing ability. I understand that the minimum practice time will be a part of my grade. I understand and agree that the payment for this class will be done automatically on the 25th of each month for the following month's class. This will be done from a debit or a credit card, and this amount varies depending on the organization that you are enrolled in. I also understand that I am making a financial commitment for the whole school year, even if my student drops a class.

(Student Name)

(Parent Signature)

(Teacher Signature)

Office Use Only: Co-Pay Amt. _____ Book _____ Comp. Reg. _____