

Beacock Music Home School Extension Program Registration Form

**Please note if your form is not filled out completely it may delay your registration.
Each student must have a completed registration form. Thank You!!!**

Student Name:		Student Age:	
Parent(s)/Guardian Name:			
E-mail:			
Primary Phone:		Secondary Phone:	
Address:			
City:		State:	Zip:
Emergency Contact Name and Phone:			
Home School Organization (Please circle what applies to you)			
Home Choice	HomeLink BG	MP3	CVA
Other			
Class Title:			
Day:	Time:	Instrument:	Grade:
Please circle which card you will be using for payment: Visa MC Disc Amex			
Card Number:			Exp. Date
Monthly tuition: \$			
Tuition is taken out on the 25 th of each month automatically, starting September 25 th for October classes and ending April 25 th for May classes. Tuition is not refunded if the student drops classes; parents will assume all costs of the dropped classes including the school portion of payment. The payment will then be \$35.00 (\$52.50 for Advanced Orchestra) 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) for the 2011-2012 school year. I agree to perform with my fellow students in the concerts that will be held during the school year _____ (parent initial). 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 I am enrolled in. I understand that these classes are a yearlong commitment. If I decide to drop my student from classes for any reason, I understand I will assume all costs of the dropped classes including the school portion of payment _____ (parent initial). I also understand that Beacock Music is not held liable for children before or after classes.

Parent/Guardian Signature: _____ Date: _____

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