

The Master's Touch School of Music & Performing Arts, LLC

Student Registration

(Please return this form along with the \$30 registration fee to insure placement)

Students Name: _____ Grade: _____

Are you over the age of 18? Yes No

Home #: _____

Address: _____

City: _____ Zip: _____

Mother's Name: _____ Work #: _____ Cell #: _____

Father's Name: _____ Work #: _____ Cell #: _____

Email: _____

If a person other than the parent will be responsible for the student please provide the following:

Name: _____ Relationship to student: _____

Home #: _____ Cell#: _____

How did you hear about us? Newspaper _____ Magazine _____

Internet _____ Other _____

I DO NOT consent to the use of my child's picture being displayed in the school or on advertisements related to the school. Check

Have you ever studied music before? _____ Years? _____ Instrument? _____

I understand and agree to the terms and conditions set forth by The Master's Touch School and Performing Arts, LLC. **I understand that tuition is due on the 1st of each month. Please note that a \$20.00 late fee will be assessed if tuition is not paid by the 10th.** I understand that a **2 week notice** is required before a student will be dropped from classes. It is the policy of our school that students will continue to be billed for lessons each month until an official drop notice has been received. This form is available at the front desk. **I understand that I am financially responsible for the 2 weeks following the drop notice, whether or not the student attends the classes, and that all remaining balances are due in full at the time the 2 week notice is submitted.**

Student/Guardian Signature: _____ Date: _____

Office Use Only:

Registration Amount _____ Tuition Amount _____

Start Date _____ Day _____ Time _____

Instrument/Program _____ Instructor _____

Comments _____

Admin Initials _____