

Date received in office:



REGISTRATION FORM

STUDENT NAME (Last, first) _____ NEW OR RETURNING

If new student, how did you hear about HNMC? _____ Referred by? _____

STUDENT BIRTHDATE _____ STUDENT AGE _____ SCHOOL/GRADE _____

HOME ADDRESS _____
Street Address City State Zip Code

PARENT/GUARDIAN NAME (Last, first) _____

RELATIONSHIP TO STUDENT _____

HOME PHONE _____ CELL _____ OTHER _____

EMAIL _____ BILLING EMAIL (if different) _____

HOME ADDRESS (if different than above) _____ Zip _____

BILLING ADDRESS (if different than above) _____ Zip _____

PERSON RESPONSIBLE FOR PAYMENT* (if different than above) _____

*PAYOR RELATIONSHIP TO STUDENT _____

PRIVATE MUSIC LESSONS

INSTRUMENT _____ (Circle one) OWN or NEED TO RENT

HNMC TEACHER _____

DATE OF FIRST LESSON _____ LESSON LENGTH (Circle one): 30 min 45 min 60 min

CLASS/GROUP LESSONS (if applicable)

NAME OF CLASS OR GROUP _____ INSTRUMENT _____

TEACHER _____ START DATE/TIME _____

PAYMENT PLAN FOR PRIVATE LESSONS (Select one): Please allow 2 weeks discontinuation notice to the teacher and the office.

VARIABLE Select if you are unsure of your regular or long-term commitment. Anything other than regular weekly lessons must be approved by teacher.

- TUITION, I understand the policies of Holy Names Music Center as follows:
- School year commitment. Tuition and all fees are due and payable in advance of lessons received.
 - Monthly payments must be paid by the 5th of each month and are considered late on the 15th and subject to a \$15 late fee. Failure to pay may result in cancellation of lessons, with reinstatement only upon payment in full.
 - There is no refund or credit for lessons that are missed by the student. Lessons missed by the teacher will either be made up or a credit will be given.

X _____ Date: _____
Signature of Person Responsible for Payment

Initial for YES OR Circle 'NO' for:

_____ AUTO PAY: YES, I would like the office to automatically charge my credit/debit card for monthly lesson charges. OR NO
Initial here Auto Pay opt-in: Call the office at (509) 326-9516 to set-up your preferred payment card.

_____ IMAGE USE RELEASE: YES, I give permission for photos of the student to be used by HNMC for promotional posts and/or fliers. OR NO
Initial here

VOLUNTEER INTEREST? (Check all that apply): Assist with mailings Fundraising events Recital refreshments
 Office help (data entry/etc.) Outdoor yardwork Building Maintenance/Cleaning Snow removal _____