



Please complete and either fax to (704) 625-3745 or mail to: 15040 Idlewild Rd., Suite C, Matthews, NC 28104

STUDENT REGISTRATION **DEADLINE: MONDAY, AUGUST 31**

Student: _____ DOB: ___/___/___

Address: _____

Parent(s) Name(s): _____ Email: _____

Home Phone: _____ Cell Phone: _____

Other Information (ie: allergies): _____ How did you hear about the Academy? _____

PHOTO / VIDEO RELEASE PERMISSION Please indicate your choice below:
 I GIVE permission to use my / my child's photograph(s) and/or video(s) for the Academy's promotional materials.
 I DO NOT GIVE permission to use my / my child's photograph(s) and/or video(s) for the Academy's promotional materials.

Family Music for Babies (Birth - 18 Months)	Family Music for Toddlers (15 Months - 3 1/2 Years)	Cycle of Seasons (3 - 5 Years)
<input type="checkbox"/> Wednesday 10:15-10:45 am <input type="checkbox"/> Thursday 10:15-10:45 am	<input type="checkbox"/> Wednesday 9:30-10:00 am <input type="checkbox"/> Thursday 9:30-10:00 am	<input type="checkbox"/> Wednesday 11:00-11:45 am
<u>10 Weeks (30 Minute Classes)</u> Family Materials: \$40 Tuition: \$120	<u>10 Weeks (30 Minute Classes)</u> Family Materials: \$35 Tuition: \$120	<u>10 Weeks (45 Minute Classes)</u> Family Materials: \$42 Tuition: \$150

PAYMENT METHOD (Please select one)

PERSONAL CHECK

(Payable to: Charlotte Academy of Music)

DEBIT/CREDIT CARD (Additional 3% Processing Fee / *Visa or MC*)

Credit Card #: _____ Exp. Date: _____

FAMILY MATERIALS (Non-Refundable)
 Due at time of registration, this amount covers the cost of materials used for the class and reserves your space in class.

DISCOUNTS (Musikgarten Classes Only)

<u>Attending the Same Class:</u>	Siblings under 6 months of age	FREE Tuition.
	Siblings 6 months of age and older	50% Tuition Discount
<u>Attending a Different Class:</u>	Additional sibling(s)	10% Tuition Discount

Note: A \$25.00 NSF fee will be assessed for any returned check or declined electronic funds. If the class you are enrolling for is full or enrollment minimum is not met by the enrollment deadline, you will be notified. We will issue a refund only if we are unable to place you and your child in a suitable class.

I certify that the information above is complete and correct. In addition, I understand and agree to the policies and guidelines as noted on the charlottesmusikgarten.com website and accept responsibility for any charges and fees that may be incurred.

 Signature of Parent / Guardian

 Date