



# Summer 2009

## Registration Form

CHARLOTTE ACADEMY  
OF MUSIC

### STUDENT REGISTRATION *(Please complete one form per student.)*

Student: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Parent(s) Name(s): \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

#### PHOTO / VIDEO RELEASE PERMISSION

*Charlotte Academy of Music will never identify students by full name.* 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.

### CLASS SIGN-UP INFORMATION

WEEK	DAY / TIME
<input type="checkbox"/> 6/8 - 6/13	
<input type="checkbox"/> 6/15 - 6/20	
<input type="checkbox"/> 6/22 - 6/27	
<input type="checkbox"/> 6/29 - 7/3	
<input type="checkbox"/> 7/6 - 7/11	
<input type="checkbox"/> 7/13 - 7/18	
<input type="checkbox"/> 7/20 - 7/25	
<input type="checkbox"/> 7/27 - 8/1	
<input type="checkbox"/> 8/3 - 8/8	
<input type="checkbox"/> 8/10 - 8/15	
<input type="checkbox"/> 8/17 - 8/22	
<b>TOTAL # OF LESSONS</b>	

ACTIVITY	LESSON RATES
PRIVATE LESSON (WITH LAB)	45 min. (\$30.00) 60 min. (\$45.00)
PRIVATE LESSON (NO LAB)	30 min. (\$25.00) 45 min. (\$37.50) 60 min. (\$50.00)
PIANO ARTISTRY PROGRAM	45 min. (\$45.00) 60 min. (\$60.00)
CHAMBER ENSEMBLE	60 min. (\$12.00) or \$8.00 with another activity
CHILDREN'S CHOIR	60 min. (\$12.00) or \$8.00 with another activity

Total # of Lessons (from above)	_____
x Lesson Rate (from above)	x _____
Total Lesson Cost	_____
+ Registration Fee (Non-Refundable) \$30 per Individual <u>or</u> \$45 per Family	+ <u>WAIVED</u>
+ Materials Deposit (\$40 per student)	+ _____
<b>TOTAL COST</b>	<b>\$ _____</b>

**PAYMENT METHOD**

ELECTRONIC DEBIT (Please provide VOIDED CHECK)

PERSONAL CHECK (Payable to: Charlotte Academy of Music)

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

\_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

**PAYMENT OPTIONS**

1 Installment  2 Installments (6 or more lessons only)

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 charlotteacademyofmusic.com website and accept responsibility for any charges and fees that may be incurred.

Signature of Student (or Parent / Guardian if Minor)

Date