



STUDENT REGISTRATION

410.638.8979

Last Name <i>(Please Print)</i>		First Name		MI
Father's Name		Mother's Name		
Street		City	State	Zip
Home Phone		Work or Cell Phone	Email	
<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB	Age	School	Grade
Emergency Contact Info:	Name	Phone	Relationship	
Music Experiences: (Band, Orchestra, Musical Theatre, Choirs,..)		Do you have a piano in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		What other instruments are in your home?		

REFUND POLICY: If Joyful Sounds must cancel a class, a full refund will be returned to you. Private lessons for Piano, Instrumental, and Vocal students are for 34 weeks per year, September through May. Tuition payments for each month must be made before the next month of lessons. **Joyful Sounds must receive written notice of withdraw one month before lessons are to discontinue. Withdraw forms are available upon request.**

PARENT (OR ADULT STUDENT) SIGNATURE: _____ DATE: ____/____/____

ITEM OR COURSE TITLE	QTY	AMT	6% TAX <small>NO TAX ON TUITION</small>	TOTAL	FOR OFFICE USE ONLY
Private Lessons			N/A		Date Rec'd: ____/____/____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit
Materials (when applicable)					Number/Code: _____
NEW STUDENT REGISTRATION			N/A		Amt: \$ _____
	Discounts or Refunds				Instructor: _____
	BALANCE				Class: _____
					Day/Time: ____/____
					Location: _____
					Rec'd by: _____

New Student Registration: \$20
More than one student per family: \$30

PAYMENT METHOD: Payment is due with Registration. (Payable to: Joyful Sounds School of Music, PO BOX 691, Forest Hill MD 21050)

Check Enclosed: Amount: _____ Credit Card: VISA Master Card Discover

Card No: _____ Exp. Date: ____/____

Billing Address and Zip: _____

PHOTO RELEASE

The school is hereby granted permission to take photographs of my student to use in brochures, web sites, posters, advertisements and other promotional materials for our school. Permission is also granted for the school to copyright such photograph.

YES, I grant permission. NO, I do not grant permission.

Parent Signature _____ Date _____

HELP US SCHEDULE THE BEST TIME FOR YOUR LESSONS. LIST YOUR FIRST, SECOND, AND THIRD CHOICE OF DAY AND TIME

If available, I would like to keep the same time as last session. Day: _____ Time: _____

To assist us in providing the best time for your lesson, please list in order of preference, three (3) days and times that best fit your schedule.
Example: 1) Monday, anytime after 4:00; 2) Wednesdays, 4:00 – 7:00 only; 3) Thursdays, 6:30-8:00

1st CHOICE	DAY/TIME:	COMMENTS:
2nd CHOICE	DAY/TIME:	COMMENTS:
3rd CHOICE	DAY/TIME:	COMMENTS:

