



SCHOOL OF MUSIC

# STUDENT REGISTRATION

## 410.638.8979

RETURNING STUDENT

DATE: \_\_\_\_ / \_\_\_\_ / 20\_\_

Last Name <i>(Please Print)</i>			First Name			MI
Father's Name			Mother's Name			
Street		City		State	Zip Code	
Home Phone		Work or Cell Phone		E-mail		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	DOB:	Age:	School:		Grade:
Emergency Contact:			Relationship:		Phone:	
Music Experience:				Do you have a piano in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other instruments? _____						

**REFUND POLICY:** If Joyful Sounds must cancel a class, a full refund will be returned to you. If you withdraw two weeks before class begins, a full refund will be given. If you withdraw before the second class meeting, Joyful Sounds will refund 50% of your tuition, but no material or registration fees will be refunded. There are no refunds after the second class meeting.

PARENT SIGNATURE

DATE

COURSE TITLE	TUITION	MATERIALS	COST	FOR OFFICE USE ONLY
				Date Rec'd: _____ # _____
				<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit
One-Time Registration Fee. (Individual: \$20; Family: \$30)				Number/Code: _____
				Amt: \$ _____
				Instructor: _____
TOTAL \$				Class: _____
LESS PAYMENTS/DISCOUNTS: \$				Day/Time: _____ / _____
BALANCE DUE: \$				Location: _____
				Rec'd by: _____

**PAYMENT METHOD: Full Payment is due at the time of Registration. (Payable to: Joyful Sounds)**

Check Enclosed: Amount: \_\_\_\_\_  Credit Card:  VISA  Master Card  Discover  
 Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_

Billing Address and Zip: \_\_\_\_\_

*Send payment to: Joyful Sounds School of Music, 21 Newport Drive, Suite B, Forest Hill MD 21050*

**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 photographs.

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

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_

**THIS SECTION FOR INSTRUMENTAL, PIANO, AND/OR VOCAL STUDENTS ONLY**

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

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