



Musical Theatre

NEW CAMPER

RETURNING CAMPER

DATE: ___ / ___ / ___

STUDENT REGISTRATION

Last Name (Please Print)		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 _____

Musical Title	Cost	Total Fees	FOR OFFICE USE ONLY
THE MUSIC MAN, JR.	\$325		Date Rec'd: _____ Amt: \$ _____
BRING-A-FRIEND DISCOUNT	- \$75		<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit _____
CAMP T SHIRT	\$10		Approval Code: _____
TOTAL			Received 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, P.O. Box 691, 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 _____