



# SUMMER REGISTRATION

## 410.638.8979

SCHOOL OF MUSIC

NEW 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	QTY	INSTRUMENT	TOTAL	FOR OFFICE USE ONLY
Private Lessons	\$22.50/Lesson				Date Rec'd: _____ # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Number/Code: _____ Amt: \$ _____ Instructor: _____ Class: _____ Day/Time: _____ / _____ Location: _____ Rec'd by: _____
			<b>Materials (plus tax)</b>		
			<b>Sales Tax (Materials only)</b>		
			<b>BALANCE DUE</b>		



**Piano materials are charged as needed. See your Instructor regarding materials and fees.**

**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 \_\_\_\_\_

**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

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

