ALPHA BELL MUSIC SERVICE & CREATIVE ARTS ALLIANCE

Registration Form

Student Information

Student Name: _____

Date of Birth (MM/DD/YYYY): _____

Parent/Guardian Name (if under 18): _____

Home Address: _____

Email Address: _____ Phone Number: _____

Siblings enrolled in other Amadeus Square for the Arts programs:

* Name, Age & Subject: _____

* Name, Age & Subject: _____

* Name, Age & Subject: _____

2. Lesson Details
Instrument(s) of Choice: _____
Program Type: [ ] Private Lessons (____ min) [ ] Group Class [ ] Ensemble

Preferred Day/Time: (Please give us more than one preferred day/times)
_____

(_____ for individual lesson only)

We will do our best to accommodate your preferred schedule. If your requested day and time are unavailable, we will place you on the waitlist.

Program Policies & Expectations

Please review and initial the following terms:

[ ] Attendance: Students are expected to arrive on time for all scheduled lessons.
[ ] Cancellation: Tuition reserves a specific recurring time slot. I understand that at least 24 hours' notice must be given to cancel or reschedule a lesson. A missed lesson or a last-minute cancellation (less than 24 hours' notice) will count as a paid lesson.
[ ] Practice: I agree to encourage the student to practice regularly to ensure progress.
[ ] Payments: Tuition is due [monthly / per semester] during the first week of each month.
[ ] Registration Fees: A one-time fee is charged per student to cover administrative costs and school resources.
[ ] Discontinuation: Please provide at least two weeks 'notice or two full lessons 'notice before discontinuing individual lessons. This allows us to prepare for the transition to another waitlisted student.

Media & Photography Consent

Heartland Music Therapy Services reserves the right to take and use photographs of individuals using Amadeus Square for the Arts and/or participating in programs by Heartland Music Therapy Services, Alpha Bell Music and Creative Arts Alliance. Such photographs are the property of the Heartland Music Therapy Services and my be used in brochures, advertisements and other promotional materials.

Consent & Signature

I hereby grant permission for the student listed above to enroll in the music teaching program at Alpha Bell Music Service. I have read, understood, and agree to the policies regarding payment, attendance, and media release outlined above.

Parent/Guardian or Adult Student Name: _____

Signature: _____

Date: _____

PAYMENT INFOMATION

Name on Card: _____

Billing Address: _____

City: _____ State: _____Zip _____

Card Type: ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Card Number: _____CVC: _____