



Registration Form 2010-11

Lesson Selection

SuperStar Singing _____ Acoustic Ensemble _____ Group Piano _____ Private Piano _____
 Private Voice _____ Private Flute _____ Group Guitar _____ Private Guitar _____ Group Violin _____
 Private Violin _____ Private Percussion/Drumming _____

Registration Information

Student Name _____ Grade _____ Lesson Location _____
 School (if different than lesson location) _____
 Parent or Guardian _____
 Address _____
 City _____ State _____ ZIP _____
 Work ph _____ Home _____ Mobile _____
 E-mail _____ Security Code (for East Hill After-school students only) _____

1. Is your child a returning student in our program? Yes No
2. Is your child in the after-school program? No Yes If Yes, list usual pick up time _____ pm
3. Is there a lesson time that you prefer? _____
4. Is your child enrolled in other after-school or extracurricular activities on your music lesson day? If yes, please indicate the activity and time. _____
5. Does your child have any previous musical experience? If yes, briefly describe:

6. Do you have an instrument in your home for practice? _____ If not, you must have an instrument in your home within one month of the date that lessons begin.
7. Does your child have any medical conditions or special needs? If yes, briefly describe:

8. List persons (no more than 5) and their relationship to the student who are allowed to pick up the student after the lesson. _____
9. How did you hear about our program? _____

For students being dropped off for a lesson: I _____ (Parent/Guardian initial) understand that I must escort my child to the music lesson room and then return to the room when the lesson is over to sign out my child.

For students in the lesson immediately after school: I _____ (Parent/Guardian initial) give my child permission to walk from his/her classroom to the location of the lesson.

For ALL STUDENTS: I, _____ (First and Last Name of Parent, Guardian or Adult Student), have read and agree to the information and policies of Music Lessons Express. I understand there is an initial commitment of two months' lessons and that a 30-day notice for withdrawal is required. *(Upon request, lessons will be terminated, provided 30 days notice is given. Payment will then be required for all lessons that would have been received during the 30 day period following the date of withdrawal. Additionally, if a student stops attending lessons with no notification, then the student/parent will be charged for the current month plus the following month in order to fulfill the 30 days notification policy.)* I will not hold Music Lessons Express or its instructors liable for any accidental harm or injury caused to a student or student's property. Additionally, I will not hold Music Lessons Express liable for damages caused by an MLE student to a lesson location, or property within the lesson location building. I understand that a monthly payment is due by the first of the month and \$5 late fee will be added to payments not received by the 5th of the month. I further understand that a payment reminder will be sent to my email address, but will NOT be mailed to my home address (unless I do not provide an email address). Lastly, I understand that a minimum enrollment requirement must be met in order for lessons to be provided at my school or in my area. *(See MLE Policies for more detail. If this enrollment is not met, an alternative location will be suggested or a refund will be given.)*

 Signature of Parent/Guardian

 Date

Amount Paid: _____ **Payment method:** on-line _____ (date pmt made) check/money order # _____

**Make check or money order payable to
 Music Lessons Express 2706 Apalachee Parkway, Tallahassee, FL 32301**

Registration and payment is available online at www.musiclessonsexpress.com