



# Performing Arts Center of MetroWest

## 2016-2017 Private Lesson Registration Form

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
(DOB/Age/Grade only required if under 18)  
 Mother/Guardian Name \_\_\_\_\_ Father/Guardian Name: \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Email: \_\_\_\_\_  
 Mom Cell Phone \_\_\_\_\_ Mom Work Phone \_\_\_\_\_  
 Dad Cell Phone \_\_\_\_\_ Dad Work Phone \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Emergency Contact Phone \_\_\_\_\_ Phone Type:(cell, home, work) \_\_\_\_\_  
 How did you hear about the program: \_\_\_\_\_ **Waivers Signed:** \_\_\_\_\_

Consult	Day/Time	Instructor	Fee	Tuition
<b>Instrument:</b>			30 minutes - \$36	\$

Date: \_\_\_\_\_ Cash Check# \_\_\_\_\_ Online CC Paid: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_

**Registration Fee: \$25** per student (Valid: 09/01/16 thru 8/31/17, \$50 max per family) \$ \_\_\_\_\_

Fall Lessons	Day/Time	Instructor	Fall (17 lessons)	Tuition
<b>Instrument:</b>			<b>cash/ck:</b> 30/45/60min - \$600/\$820/\$1,005	\$
<b>Instrument:</b>			<b>credit:</b> 30/45/60min - \$620/\$845/\$1,035	\$

\$30 Accompaniment Fee (Voice Students Only) \$ \_\_\_\_\_  
 \$15 Payment Plan Fee \$ \_\_\_\_\_  
 Total Due – Fall \$ \_\_\_\_\_

Date: \_\_\_\_\_ Cash Check# \_\_\_\_\_ Online CC Paid: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_  
 Date: \_\_\_\_\_ Cash Check# \_\_\_\_\_ Online CC Paid: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_  
 Date: \_\_\_\_\_ Cash Check# \_\_\_\_\_ Online CC Paid: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_

Spring Lessons	Day/Time	Instructor	Spring (17 lessons)	Tuition
<b>Instrument:</b>			<b>cash/ck:</b> 30/45/60min - \$600/\$820/\$1,005	\$
<b>Instrument:</b>			<b>credit:</b> 30/45/60min - \$620/\$845/\$1,035	\$

\$30 Accompaniment Fee (Voice Students Only) \$ \_\_\_\_\_  
 \$15 Payment Plan Fee \$ \_\_\_\_\_  
 Total Due – Spring \$ \_\_\_\_\_

Date: \_\_\_\_\_ Cash Check# \_\_\_\_\_ Online CC Paid: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_  
 Date: \_\_\_\_\_ Cash Check# \_\_\_\_\_ Online CC Paid: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_  
 Date: \_\_\_\_\_ Cash Check# \_\_\_\_\_ Online CC Paid: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_

Summer Lessons	Day/Time	Instructor	Summer (a la carte classes)	Tuition
<b>Instrument:</b>			# _____ @ 30/45/60min \$36/\$48/\$59 per lesson	\$

Total Due - Summer \$ \_\_\_\_\_

Date: \_\_\_\_\_ Cash Check# \_\_\_\_\_ Online CC Paid: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_  
 Date: \_\_\_\_\_ Cash Check# \_\_\_\_\_ Online CC Paid: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_

## Agreement to Policies and Waivers (Lessons)

**PLEASE NOTE: Students may not attend lessons until this form has been signed and returned to the office with payment, or arrangements have been made for a payment plan.**

### *Payment:*

I understand that payment is expected at the time of registration, and **must** be received by the PAC office on or before the first day of class or first lesson. A payment plan for lessons and programs is available by prior arrangement with the office for an additional \$15 fee. I understand there will be a \$15 late fee if tuition is not paid by the end of the first class or lesson of a semester (unless prior arrangements have been made with the office).

### *Refunds:*

I understand there are no refunds for lessons, classes, productions, or registration fees unless a program is cancelled. PAC reserves the right to consolidate classes or substitute instructors when necessary and appropriate.

### *Missed Lessons:*

I understand that students are allowed one excused absence per semester if the teacher is notified at least 24 hours in advance. This lesson will be rescheduled during the makeup week or a mutually agreed upon date and time. Students who cancel with less than 24 hours notice or do not show up for a less will NOT have the lesson made up.

### *Waiver:*

#### *If Adult:*

I agree to waive Performing Arts Center of MetroWest (PAC) and its staff, faculty, and board of directors, from liability for accidental personal injury or damage to or loss of property.

#### *If registering child:*

I give my child permission to participate in classes at the Performing Arts Center of MetroWest (PAC) and agree to waive PAC and its staff, faculty, and board of directors, from liability for accidental personal injury or damage to or loss of property.

### *Permission to Use Photos and/or Videos*

By registering myself or my child for lessons, classes, or productions at PAC, I give the Performing Arts Center of MetroWest (PAC) permission to use photos and/or video of my child (or myself, if an adult student) for publicity purposes. Parents who do not wish their child's photo to be used must contact the PAC office.

**Signature:** \_\_\_\_\_

Student, or parent, if student is under 18

**Date:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_