



Last Name: _____ Home Phone Number: _____

Mother/Guardian Name: _____ Mother Cell: _____

Father/Guardian Name: _____ Father Cell: _____

Email Address: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact and Phone number (if not parent): _____

_____ Relationship to Child: _____

How did you hear about us? _____ Waiver Signed?

STUDENT 1 Name: Date of Birth: _____ Grade: _____			Availability:				
Semesters	Program/Instrument	Instructor	Day & Time	Length	Tuition	Reg. Fee	Consult/Returning
F W Sp Su							
F W Sp Su							
F W Sp Su							
F W Sp Su							
STUDENT 2 Name: Date of Birth: _____ Grade: _____			Availability:				
Semesters	Program/Instrument	Instructor	Day & Time	Length	Tuition	Reg. Fee	Consult/Returning
F W Sp Su							
F W Sp Su							
F W Sp Su							
F W Sp Su							
STUDENT 3 Name: Date of Birth: _____ Grade: _____			Availability:				
Semesters	Program/Instrument	Instructor	Day & Time	Length	Tuition	Reg. Fee	Consult/Returning
F W Sp Su							
F W Sp Su							
F W Sp Su							
F W Sp Su							



SEMESTER ORDER TOTAL: FALL 2017

Student:	Program:	Tuition	Qty	Fee type & amount

Fall Tuition Total: _____
Tuition/fee additions: _____ Amended Total: _____

SEMESTER ORDER TOTAL: WINTER 2017

Student:	Program:	Tuition	Qty	Fee type & amount

Winter Tuition Total: _____
Tuition/fee additions: _____ Amended Total: _____

SEMESTER ORDER TOTAL: SPRING 2017

Student:	Program:	Tuition	Qty	Fee type & amount

Spring Tuition Total: _____
Tuition/fee additions: _____ Amended Total: _____

SEMESTER ORDER TOTAL: SUMMER 2017

Student:	Program:	Tuition	Qty	Fee type & amount

Summer Tuition Total: _____
Tuition/fee additions: _____ Amended Total: _____

PAYMENT PLAN: monthly/in full/ad hoc

Monthly payment amount:

	Date	Amount	Payment Type	Balance	Entered
1					
2					
3					
4					
5					
6					
7					

Notes:

PAYMENT PLAN: monthly/in full/ad hoc

Monthly payment amount:

	Date	Amount	Payment Type	Balance	Entered
1					
2					
3					
4					

Notes:

PAYMENT PLAN: monthly/in full/ad hoc

Monthly payment amount:

	Date	Amount	Payment Type	Balance	Entered
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Notes:

PAYMENT PLAN: monthly/in full/ad hoc

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Notes: