

**GRAY SCHOOL OF MUSIC  
REGISTRATION FORM  
2010-2011**

Office use only:  
ACT \_\_\_ New Access \_\_\_  
CAM \_\_\_ Old Access \_\_\_

Please read [policy](#) and [Tuition rates](#)

**A non-refundable enrollment fee of \$50 per child is required at the time of enrollment.**

**Teacher's Name:**  
Lesson Day \_\_\_\_\_ Appt. Time \_\_\_\_\_

**Date of Interview:**  
**Date of First Lesson:**

Student Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Student DOB \_\_\_\_\_

Grade Level \_\_\_\_\_

Street Address \_\_\_\_\_ City, St \_\_\_\_\_ Zip \_\_\_\_\_

Hm Phone \_\_\_\_\_ Mom Cell \_\_\_\_\_ Dad Cell \_\_\_\_\_ Wk \_\_\_\_\_

Instrument \_\_\_\_\_ Day and Time of Lessons \_\_\_\_\_

Payment Plan (circle one): Monthly or Semester    Payment Type (circle one): Check or Credit Card

**Automatic Credit card or debit card authorization.  
Credit Or Debit Card information is required of all students.**

Name on Card \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Three Digit Code on Back of Card \_\_\_\_\_

Type of Card:    **Mastercard**    **Visa**    **American Express**    **NO DISCOVER accepted**

Payment Plan:    **Semester**                      **Monthly**

**Customer's Signature** \_\_\_\_\_

*I have read the [school's policy statement](#) and understand that [tuition](#) is prepaid by the 10<sup>th</sup> of each month, and that there is a \$20 late fee assessed if tuition is not paid by the 10<sup>th</sup>. I understand that, in the event of late payment, my credit or debit card will be charged. I understand that a 2-week notice is required if a student is discontinuing lessons at the Gray School of Music, and that I am financially responsible for two weeks of tuition following drop notice.*

**Parent/Adult Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Office use only:    Partner Lesson:    Yes    No                      Weekend Lesson:    Yes    No