

Student's name _____ Parent's Name _____



SUMMER LESSONS

Teacher/Day			Art Chess Clarinet Flute Math Piano Russian Saxophone Singing Violin
Lesson type			
Time slot			
Lesson length			
Weeks (mark the weeks which you plan to attend)	6/26, 7/3, 7/10, 7/17, 7/24, 7/31, 8/7, 8/14, 8/21, 8/28	6/26, 7/3, 7/10, 7/17, 7/24, 7/31, 8/7, 8/14, 8/21, 8/28	
Notes			

Phone# _____ Alternative Phone # _____

E-mail Address: _____

Where heard about us: Internet _____ Sign _____ Referral (name) _____

Ad (where) _____ Current student _____ Other _____

I hereby authorize The Do-Re-Mi School of Music and the Arts Corp. to charge my account (below) the amount of \$ _____ for summer 2016. I also agree that future incidental fees that are not stated in this form (such as materials) will be charged upon my e-mail authorization. I authorize Do-Re-Mi School to collect a returned debit NSF fee of \$25 per item by electronic debit from the same account.

___ I understand and agree that I am responsible for the dates and time slots reserved for **private lessons** and if I cannot come at the reserved day/time, I must cancel 24 hours in advance in order to reschedule, otherwise I will be charged a regular fee and make-up will not be given.

___ I understand that if a **semi-private time slot is reserved for two students**, both students must commit to the same weeks.

___ I agree to allow the Do-Re-Mi School to use photos and videos of my child taken in school for promotion

Signature _____ Date _____

Method of Payment

___ Charge my credit card on file _____ Charge my new credit card:

Visa/Mastercard/Discover # _____

3-digit code _____ Exp. Date _____ Cardholder's Name _____

___ Charge my checking account on file electronically. _____ Voided check is attached/on file

___ Check for \$ _____ full summer tuition amount is enclosed