

# REGISTRATION FORM

(please complete one per student)



## Harris Academy of the Arts

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### PART ONE

#### OFFICE USE ONLY (date/initial)

Rec'd/Copy	___/___/___ ( )	1st Pymt:	___/___/___ ( )
Folder/Bag:	___/___/___ ( )	Amount \$:	___/___/___ ( )
MB Data:	___/___/___ ( )	Trello:	___/___/___ ( )
MB Schedule:	___/___/___ ( )	Swap List:	___/___/___ ( )
Client Indx:	___/___/___ ( )	File:	___/___/___ ( )

## 1. CONTACT & SCHEDULING INFORMATION

### CONTACT INFORMATION:

Student Name: \_\_\_\_\_ Gender: M/ F (circle one)

DOB: \_\_\_/\_\_\_/\_\_\_ Age (18 yrs or younger): \_\_\_\_\_ Parent/Guardian Name(s) (if applicable): \_\_\_\_\_

**If following information remains the same as a previous registration, proceed to "CLASS SELECTION"**

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

E-mail (checked daily): \_\_\_\_\_

*(NOTE: Majority of communication/updates occur via email)*

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Email: \_\_\_\_\_

### CLASS SELECTION:

\_\_\_\_\_ PRIVATE Lessons (indicate instrument) \_\_\_\_\_

\_\_\_\_\_ GROUP Classes (indicate title of class) \_\_\_\_\_

\_\_\_\_\_ WORKSHOPS and SPECIALTY classes (indicate title of class) \_\_\_\_\_

\_\_\_\_\_ SUMMER Camps (indicate title of class) \_\_\_\_\_

#### DAY/TIME PREFERENCE

#### TEACHER PREFERENCE (name)

#### PRIVATE LESSON LENGTH PREFERENCE (30, 45 or 60 minutes)

1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

3rd Choice \_\_\_\_\_

## 2. MISCELLANEOUS

Special Information? (e.g., allergies, medical, behavioral, etc.) \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

If a new student, who referred you? (Must list for referral credit to be received. Multiple listings will be split accordingly.) \_\_\_\_\_

\_\_\_ Yes \_\_\_ No **PHOTOGRAPHY:** Student may be photographed, recorded and/or video taped for purpose of historical documentation, teacher evaluation and/or promotional advertising opportunities for Harris Academy of the Arts.

\_\_\_ Yes \_\_\_ No **SWAP LIST (private lessons only):** Students share phone number/lesson information for sole purpose to trade/swap for scheduling conflicts/illness/ etc.

(Continued on back...)

## **PART TWO**

*(Registration will not be processed until sections 3-6 below are complete.)*

### **3. PAYMENT INFORMATION**

#### **A. I AGREE TO THE FOLLOWING PAYMENT PLAN (check all that apply):**

1. MONTHLY: First month due with registration. Administrative & material fees (*applied as applicable*)
2. 6 MONTHS: First 6 months due with registration/by the 15th of the 6th month
3. 12 MONTHS: Registration and material fees paid in full at time of registration/by the 15th of the 12th month.
4. SUMMER CAMPS: Registration and material fees paid in full at time of registration.
5. WORKSHOP/SPECIALTY classes: Registration and material fees paid in full at time of registration.

#### **B. I AGREE TO THE FOLLOWING AUTOMATIC PAYMENT OPTION:**

*(First month payment due today. Future monthly payments are automatically processed on 15th for upcoming month)*

1. CHECKING ACCOUNT: Provide one voided check (*at time of registration*).
2. DEBIT/CREDIT CARD: Name As Appears On Card: \_\_\_\_\_  
CC# \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_
3. USE CURRENT PAYMENT METHOD (*for current students only*)

#### **C. ADDITIONAL PURCHASES MAY BE BILLED TO MY PAYMENT PLAN (e.g. Books, Flash Cards, Gifts, etc.):**

- YES, I would like for purchases to be applied to my tuition payment plan.
- NO, I understand that I will provide payment prior to receipt of any purchase item at Harris Academy of the Arts.

### **4. POLICY AGREEMENT**

#### **I agree to the following prior to obtaining services with Harris Academy of the Arts:**

Please read and initial each individual item:

- I have read, understand and agree to the policies and procedures of Harris Academy of the Arts.
- By signing this registration, I agree and understand my obligation/commitment to at least three (3) months minimum services with Harris Academy of the Arts.
- I understand to withdraw from any services, **I am required to submit a LEAVE OF ABSENCE withdrawal form at least 30 days prior to final service with Harris Academy of the Arts** (*form obtained from office*).
- I understand I am fully responsible for payment of registered services during the final 30 day period of having submitted a LEAVE OF ABSENCE form.
- I understand that a leave of absence form submitted on or after the 15th will not receive refunds for already processed tuition for the upcoming month.
- I understand that teacher schedules at Harris Academy of the Arts are subject to change.
- PRIVATE LESSONS ONLY: I understand that I am registering for ongoing, year-round lessons.

### **5. PAYMENT DUE WITH REGISTRATION FORM**

ADMINISTRATIVE REGISTRATION FEE ( <i>occurs at time of registration</i> )	\$ <u>20.00</u>
CURRENT MONTH'S TUITION ( <i>first month's tuition required to reserve time slot; prorated if registering after first lesson of the month</i> )	\$ _____
UPCOMING MONTH'S TUITION ( <i>if registering on or after the 15th of the month</i> )	\$ _____
MATERIALS FEE ( <i>non-refundable</i> ) (e.g. Lesson Books, Group Classes/Kindermusik/Children's Music Academy/Workshops/Specialty Camps/Summer Camps, etc.)	\$ _____
DISCOUNTS (e.g. new student discount, coupons, etc.)	<i>SUBTRACT (minus)</i> \$ _____
	<b>TODAY'S TOTAL:</b> \$ _____

### **6. SIGNATURE & DATE**

**STUDENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(Parent signature if student is under 18 years of age):*