

# REGISTRATION FORM

(one per student)



**Harris Academy of the Arts**  
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OFFICE USE (date/initial)

Received \_\_\_\_/\_\_\_\_/\_\_\_\_( )

MB Data \_\_\_\_/\_\_\_\_/\_\_\_\_( )

MB Client Indx \_\_\_\_/\_\_\_\_/\_\_\_\_( )

MB Schedule \_\_\_\_/\_\_\_\_/\_\_\_\_( )

1st Pymt \_\_\_\_/\_\_\_\_/\_\_\_\_( )

Amount \$ \_\_\_\_/\_\_\_\_/\_\_\_\_( )

Swap List \_\_\_\_/\_\_\_\_/\_\_\_\_( )

Trello \_\_\_\_/\_\_\_\_/\_\_\_\_( )

MB/Trello Photo \_\_\_\_/\_\_\_\_/\_\_\_\_( )

Auto Pymt Check \_\_\_\_/\_\_\_\_/\_\_\_\_( )

HAA Bag \_\_\_\_/\_\_\_\_/\_\_\_\_( )

MB Doc. Attachmt \_\_\_\_/\_\_\_\_/\_\_\_\_( )

Materials/Books \_\_\_\_/\_\_\_\_/\_\_\_\_( )

Email Confirmation \_\_\_\_/\_\_\_\_/\_\_\_\_( )

## PART ONE

### 1. CONTACT INFORMATION

#### CONTACT INFORMATION:

Student Name: \_\_\_\_\_ Gender / Preferred Pronouns: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**If contact 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)

#### FAMILY INFORMATION:

Parent/Guardian (if applicable): \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian (if applicable): \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian (if applicable): \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Other Family Member (if applicable): \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact For Family: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### 2. LESSON / CLASS SELECTION

DAY/TIME      INSTRUCTOR      LESSON DURATION (circle one)    30 min / 45 min / 60 min

\_\_\_\_ PRIVATE LESSON:

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

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

\_\_\_\_ GROUP CLASS:

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

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

### 3. 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 4-7 below are complete.)*

### 4. PAYMENT INFORMATION

#### A. I AGREE TO THE FOLLOWING AUTOMATIC PAYMENT OPTION:

\_\_\_ 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 ON FILE *(for current students only)*

MONTHLY auto-payment will be processed at midnight on the 14th of each month. Auto-payment is applied to the following month. First payment upon registering will include current month's tuition, administrative fee, and any relevant materials, plus next month's tuition (if registering following the 15th of the month).

#### B. 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.

### 5. 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.

### 6. PAYMENT DUE WITH REGISTRATION FORM

ADMINISTRATIVE REGISTRATION FEE *(occurs at time of registration)* \$ 20.00

CURRENT MONTH'S TUITION *(first month's tuition required to reserve time slot; prorated if registering after first lesson of the month)* \$ \_\_\_\_\_

UPCOMING MONTH'S TUITION *(if registering on or after the 15th of the month)* \$ \_\_\_\_\_

MATERIALS FEE *(non-refundable)* *(e.g. Lesson Books, Group Classes, etc.)* \$ \_\_\_\_\_

DISCOUNTS *(e.g. new student discount, coupons, etc.)* **SUBTRACT** \$ \_\_\_\_\_

**TODAY'S TOTAL:** \$ \_\_\_\_\_

### 7. SIGNATURE & DATE

STUDENT/GUARDIAN SIGNATURE: \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

*(Parent signature if student is under 18 years of age)*