



Music Academy  
for Special Learners

**\*\*Registration Form MUST be returned prior to start of sessions\*\***

**Registration Form**

Child's Name(s): \_\_\_\_\_ D/O/B: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_

I am interested in starting:

Individual lessons

Instrument: \_\_\_\_\_

Group music class

Individual music class

Community choir

Individual art lessons

Group Art

**Liability Release:** I/We Agree That: In consideration of this program, allowing myself or our child's participation in the activities, under the terms set forth herein, I or We, the parents, for ourselves and on behalf of our child(ren) and/or legal word, heirs, administrators, personal representatives, or assigns, do agree to hold harmless, release, and discharge The Music Academy for Special Learners, its owners, officers, directors, agents, employees, representatives, assigns, members, owners of premises, affiliated organizations, and insurers and others acting on its behalf, of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to The Music Academy for Special Learners and/or its associates ordinary negligence; and I or We, the parents, do further agree that except in the event of The Music Academy for Special Learners gross negligence and will full and wanton misconduct, shall not bring any claims, demands, legal actions and causes of action, against The Music Academy for Special Learners, its associates as stated above in this clause, for any economic and non-economic losses due to bodily injury, injuries incurred from teaching and/or reward material used during instruction or personal use, death, property damage, sustained by me or my minor child or legal ward in relation to the premises and operations of The Music Academy for Special Learners, whether on or off the premises.

**Cancellation Policy:** Sessions are a weekly commitment. If you need to cancel a session, we require a 3 hour notice and a makeup will be provided. If a session is cancelled late (less then 3 hours) or there is a "no show", the session must be paid for and a makeup cannot be offered. If your child in self-direction, the responsibility for payment for a late cancel or no show is the on the parent/guardian. **Group Classes (Art, Choir, Music):** Charge is a flat fee paid upfront. There are no makeup classes for these courses. If you have self direction: Due to self direction guidelines, The Music Academy can only bill for the weeks present by prorating the flat fee. **If a week is missed, the prorated fee for missed week is billed to and paid for by the parent /guardian (\$35).**



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**For Clients in Self Direction Program**

Although we will be billing directly to the FI, families must abide by our cancellation policy stated on page 1. We, as a vendor can only bill the FI for actual visits that took place. We cannot bill the FI for a missed lesson, no-show or late cancel fee. As a result, the fee for a late cancel (less than 3 hours) or a no show is the responsibility of the parent. Credit card must be provided and *will only be charged* when there is a late cancel or a no show:

Credit Card Number \_\_\_\_\_

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

Expiration Date \_\_\_\_\_

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

Security Code \_\_\_\_\_

**For Clients Who Pay by Check or Cash**

Credit Card must be provided and will only be used if there is non-payment of tuition.

Credit Card Number \_\_\_\_\_

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

Expiration Date \_\_\_\_\_

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

Security Code \_\_\_\_\_



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***I have read and accepted the terms of The Liability release and Cancellation Policy and credit card payment policy:***

Parent/ Guardian(s) Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE TELL US ABOUT YOUR CHILD**

Child's Name: \_\_\_\_\_

Is your child with Self Direction? If Yes, please indicate the FI \_\_\_\_\_

What are your child's strengths? \_\_\_\_\_

\_\_\_\_\_

What are your child's preferences?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your child's primary form of communication? (Ex. English, ASL, Spanish, AAC device, etc.) \_\_\_\_\_

Please advise as to any medical condition and/or any other details that the instructor should be made aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Does your child experience seizures? \_\_\_\_\_

What are your child's areas of need? \_\_\_\_\_

\_\_\_\_\_

Any additional information The Music Academy and/or instructor should be made aware of? \_\_\_\_\_