

MUSIC LESSON REGISTRATION

STUDENT INFORMATION:

Student Name _____

Instrument or Voice _____

Address _____

City / State / Zip _____

Date of Birth ____/____/____

Email _____@_____

School Currently Attending _____

Grade _____

PARENT / GUARDIAN INFORMATION:

Name _____

Relationship to Student _____

Address _____

City / State / Zip _____

Legal Guardian? Yes No _____

Home Phone () _____

Cell Phone () _____

Work Phone () _____

LESSON SELECTION (please select):

30-Minute Lesson – \$60 per lesson

45-Minute Lesson – \$85 per lesson

60-Minute Lesson – \$110 per lesson

Instruction Format: In-Person

or

 Remote (Travel fees may apply)**Cancellation Policy:**

A minimum of 3 hours' notice is required for lesson cancellations or rescheduling. Lessons cancelled with less than 3 hours' notice, or missed lessons (no-shows), will be charged in full.

BILLING INFORMATION & AUTHORIZATION:

Name Exactly as it Appears on Credit/Debit Card _____

Credit Card Type (Visa / MasterCard / Discover) _____

Card Number _____

Expiration Date ____/____/____

3 or 4 Digit Security Code _____

I hereby authorize ALL Abilities Corp. to charge the above credit/debit card for the music lessons selected above. I understand that lessons are billed weekly (if applicable) and I agree to all applicable terms and policies. If ALL Abilities Corp. is being reimbursed by a 3rd party the client agrees and understands that if for any reason the 3rd party does not remit payment in full the client is responsible for payment in full.

Signature of Student _____

Signature of Parent/Guardian _____

Date ____/____/____