



Student Information

Please print the following information

_____ Student's Full Name				_____ Date of Birth		_____ Age	
_____ Nickname				_____ School		_____ Grade	
_____ Instrument	_____ Teacher	_____ Location	_____ Date of 1 st lesson	_____ How did you find out about us?			

Parent Information

_____ Mother's Name				_____ Father's Name			
_____ Address				_____ Address			
_____ City		_____ Zip Code		_____ City		_____ Zip Code	
_____ Home Phone		_____ Cell or Work Phone		_____ Home Phone		_____ Cell or Work Phone	
_____ Email Address				_____ Email Address			

Payment Information

- Send an invoice via email to _____ (statements are also viewable/payable online)
- Bill my credit card (American Express, VISA, MasterCard, Discover)

_____ Credit Card Number	_____ 3 or 4 digit CVV# (on back of card)	_____ Expiration Date
I understand that I am authorizing the Albertson School of Music to charge my credit card on a monthly basis for lessons, books, instrument rental (if applicable) and other materials and fees. I may cancel this automatic billing authorization at any time by contacting Albertson School of Music.		
_____ Print Name on Card	_____ Billing Zipcode of card	
_____ Signature of Credit Card Holder	_____ Date	

I understand that I am enrolling my child in music lessons with the Albertson School of Music. I have read the billing policies and procedures. I understand that canceled lessons may be rescheduled if time is available; and to be eligible, I must notify the school director at least 24 hours prior to the lesson time. I understand that tuition is based on enrollment and not attendance. Should my child fail to attend a lesson for any reason, including sickness, family emergencies or holidays, I am still obligated to pay for the lesson. In the event of school closure due to severe weather, I may attempt to reschedule any missed lessons based on availability, but tuition will not be prorated and a reschedule fee may be assessed. In the event that my regular teacher is absent, I understand that the school may provide a substitute teacher with or without notice to conduct the lesson and if a substitute is provided, I do not have the option of rescheduling the lesson.
(Student handbook is available online at www.albertsonschoolofmusic.com/handbook.pdf)

I understand that my monthly tuition for lessons has been based on an annual amount, and is not prorated due to holiday closures. I also understand that the price of any books or supplies provided to my child is not included in my tuition and will be added to my monthly invoice. I understand that books and supplies are non-returnable. I understand that all billing and scheduling discussions must be conducted with the school director, not the teacher.

I understand that I am permitted to watch my child's lesson if I so choose. I also understand that the Albertson School of Music is not responsible for any unattended children before, during, or after lessons. If I choose to drop off my child for their lesson, I will be at the school promptly at the end of the lesson to pick up my child. I will ensure that any children under my care are supervised at all times.

I understand that I must give **2 weeks notice** to the school director prior to discontinuing lessons and that the Albertson School of Music may discontinue lessons at any time and for any reason, including, but not limited to: disciplinary problems, lack of teaching resources, scheduling conflicts, or a student's lack of practice.

Signature of Parent or Guardian

Date

Billing Questions 349-0090 x2 or billing@albertsonmusic.com **Scheduling Questions** 349-0090 x3 or scheduling@albertsonmusic.com