<u>Mr. D's Music Scho</u> 194 Blue Ravine Ro Ste #110, Folsom, C 95630 (916) 467-7400	l,	DATE	
	APPLICATION	FOR ENROLLMEN	١ T
	Ple	ase Print	
Student's Name:	Last	Firs	t
Date of Birth:	Month/Day/Ye	ır	_MaleFemale
Address:	Street	city	zip
Phone Number: H	ome	_ Work	Other
Name of Parent/Lega	ll Guardian	(If under 18)	
		(ii unuti 10)	
Emergency Contact:	Name	Phone Nun	ıber
Address	Street	city	zip
		_walk byFriendRadio	
		NTEREST. (MARK ALL THA	
INDIVIDUAL MU	SIC LESSONS		
PianoGuitar			
CelloVoice	Viola	C M Test	Preparation
FluteClarine RecorderS Other	axophoneE. Bass		
Previous Classes:			

\$10 late fee after the 1st of the month. A \$25 fee will be charged on all returned checks. Please reference to our full tuition policy for more information. Refunds: Refunds will be issued ONLY in the case of prolonged illness, verified by a physician's note. There are no refunds for missed classes or voluntary withdrawal during the terms. Missed Classes: Make-up lessons may be arranged for lessons missed due to sudden illness or family emergency. Lessons may be rescheduled with 24 hour advance notice. Rescheduling is subject to teacher availability. Missed lessons without 24 hour notice and without a phone call to the school, prior to the class, to report an illness will be forfeited. Outstanding make-ups are not refundable at the time of withdrawal. Make-ups do not convert to tuition credits. Drop/Add Policy: 30 days written notice is required to drop a class. Classes may be added at any time space is available. Please speak to the receptionist about scheduling. Discounts: Family discounts are applied to full tuition paid before the 1 th of the month. PLEASE INITIAL THE FOLLOWING: I understand the registration fees are non-refundable. I understand that tuition is charged per month and due before the first of the month. I understand that tuition is charged per month and due before the first of the month. I understand the 24 hour cancellation policy. I understand the 24 hour cancellation policy. I understand a substitute will be provided in the event the regular teacher is unavailable. I understand a substitute will be provided in the event the regular teacher is unavailable. I understand a autorize	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
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Signature Date (Parent or Guardian if under 18)	I u I a	understand and authorizeDO	d agree to the NOT authoriz	e terms of the tu zeMr. D's M	uition policy of Iusic School to u	f Mr. D's Musio use my likeness	c School in
(Parent or Guardian if under 18)	Signature_				Date		
		(Parent or Gi	uardian if und	der 18)			
For Office Use Only: Registration Fee: \$50 Discounted Fee \$30 Received Check #/Cash		e Only: Reg	gistration Fee: \$50	0 Discounted Fee	\$30 Received	Check #	/Cash