



Return This Copy to the School

Laurel School of Music
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Al Roda, Director

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Web-Site: www.laurelschoolofmusic.com

REGISTRATION FORM

DATE:
STUDENT'S NAME
AGE
GRADE
PARENTS' NAMES
ADDRESS
CITY
STATE
ZIP
HOME PHONE
WORK PHONE(S)
CELL PHONE
OTHER
E-MAIL(S)

How did you hear about the LAUREL SCHOOL OF MUSIC? [] Newspaper [] Friend [] Internet [] Kidstreet News [] Other (please specify):

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TUITION AND FEES

PRIVATE LESSONS: (30 minute lessons)
[] Piano [] Drum
\$23.00 per lesson X lesson(s) first month \$
\$92 per month (4 monthly lessons - Please Note: some months may have less than or more than 4 lessons scheduled)
ADDITIONAL LESSONS: (Discounted Tuition for Additional Family Member)
\$21.00 (Piano) \$22.00 (Voice/Instrumental) per lesson X lesson(s) first month \$
Please Note: some months may have less than or more than 4 lessons scheduled)
VOICE/INSTRUMENTAL LESSONS:
[] Voice [] Guitar [] Violin/Viola [] Cello [] Band Instrument (Trumpet, Saxophone, Clarinet), Other
\$24.00 per lesson X lesson(s) first month \$
\$96 per month (4 monthly lessons - Please Note: some months may have less than or more than 4 lessons scheduled)
Voice Lessons are not subject to Additional Family Member Discount
MUSCI BOOK FEE (if applicable) \$
REGISTRATION FEE (One time only) \$ 15.00
TOTAL AMOUNT \$

I would like to receive my invoices by E-mail [] at: Same as above [] or at @
Please mail my invoices []

It is VERY VERY important that you understand the MISSED LESSON POLICY. In short, if the student misses a lesson, or is absent from a lesson., or informs the School of their absence, ON THE SCHEDULED DAY OF THE LESSON, the lesson WILL BE CHARGED - NO EXCEPTIONS - UNLESS a WRITTEN VACATION REQUEST FORM HAS BEEN SUBMITTED or AN E-MAIL IS SENT TO THE SCHOOL in the time stated in the MISSED LESSON POLICY (24 hours). Please take the time to inform yourself of the policy. Feel free to contact the Director if you have any questions about this Policy.

I CERTIFY AND ACKNOWLEDGE that I have read the Policy Sheet and Missed Lesson Policy Sheet and understand, accept, and agree to abide by the terms therein. I also certify that I have read and clearly understand the Missed Lesson Policy.
Signed: Printed Name: Date:

MISSED LESSON PROCEDURE
Please Understand
24 HR. NOTICE In WRITING (Vacation Request Form or E-Mail to schedule@laurelschoolofmusic.com)
Phone calls to cancel lessons will not receive a Credit
Please Understand

For Office Use Only
Instructor Day Time
Payment: [] Cash [] Check# [] Credit Card Amount: RegForm 8-2009