

Additional Scheduling Information:

1. Do you need a late time (after work)? If so, how late? _____
2. For school-age students: What is the earliest time you can arrive after school? _____
3. Please list any preferred days or times, any siblings or family members that may need to be scheduled together, carpools to music class, etc. We cannot always give everyone their first choice, but we will make a special effort to schedule class at a time that is convenient for students and their families.

MEDICAL EMERGENCY AUTHORIZATION

Accidents can happen! A doctor or hospital may not treat your child if you are not present, even in an emergency. Since many parents may be unavailable during lessons, please sign the following medical release:

In case of emergency, I authorize Twila Montgomery McCown, or any other school personnel designated by her, to obtain emergency medical treatment from any doctor or any hospital for my child while he/she is in their care.

Parent or Legal Guardian _____

In case of emergency, call _____ Phone _____

Doctor preferred by parent (s) _____ Phone _____

Doctor's Address _____

Hospital preferred _____ Phone _____

Hospital's Address _____

Food allergies or health problems we should be aware of: (We eat, too, sometimes!)

Family problems or circumstances we should be aware of in order to be sensitive to your child's needs:

PAYMENT AUTHORIZATION

Payments are made via our secure electronic funds transfer system. The school year is divided into 9 equal payments (Sept-May). Recurring payments will be debited from your account on the 2nd day of each month.

If you are a new student or wish to change your method of payment, please attach a void check or fill out the form below with your credit card information to make use of our automatic payment system. Payments will be debited on the 2nd day of each month.

Visa MasterCard Discover Card Number _____ Expiration Date _____

Cardholder's Name (as shown on card) _____

I understand that (for the summer term) tuition adjustments are made at the time of registration only and I accept responsibility for the total tuition due, according to the number of classes indicated on the front of this application. I authorize Arlington Heights Music Academy to perform electronic funds transfer debits and/or when applicable, transfer credits to the account listed above. If any such electronic debit(s) should be returned by my financial institution (Non-Sufficient or Uncollected Funds), I authorize Arlington Heights Music Academy to collect a fee of \$25.00 per electronic debit from the same account identified above. I understand and agree to abide by all policies and procedures.

Please sign below to acknowledge that you understand and authorize all of the above.

Signed _____ Date _____