

ARLINGTON HEIGHTS MUSIC ACADEMY
5009 Byers, Fort Worth, TX. 76107 817-731-2612
Twila Montgomery McCown, Director

For Office Use Only:

Reg _____ Ck _____ Date _____
Half _____ Full _____ Ck _____

SUMMER SESSION APPLICATION

Student's Name _____ Age ____ Birthday ____/____/____
Address _____ City _____ Zip _____
Home Telephone _____ School _____ Grade in Fall 2012 _____
Mother's Name _____ Father's Name _____
Work phone _____ Cell _____ Work phone _____ Cell _____
(Mother's) (Father's)
Email: _____

*Answer the following questions only if you are a **new** student:

Previous music study (other than AHMA): Yes ____ No ____ If yes, how long? _____

How you heard about us: _____

CHECK ONE:

____ **General Music:** _____ 30 minute class (Infant to 2 years)
_____ 45 minute class (3 year olds, or 2-1/2 year olds who have taken the 30-min class)
_____ 60 minute class (4 to 7 year olds)

All Private Lessons: _____ Once a week _____ Twice a week
(Please check one)

____ **Instruments:** Circle one: Piano, Guitar, Voice, Flute, Violin, Viola, Cello, Clarinet, Saxophone (children and adults)
_____ 30 minute private lesson
_____ 45 minute private lesson
_____ 60 minute private lesson (once a week only)

____ **Group Piano:** _____ 45 minute group lesson once/wk
_____ 60 minute group lesson once/wk

Please indicate below the weeks you plan to attend this summer: (**Preschool General Music runs Week 2-7**)

____ **Week 1 (June 4-9)** _____ **Week 5 (July 2-7)** ***Rock Camp** _____
____ **Week 2 (June 11-16)** _____ **Week 6 (July 9-14)** ***Build Your Own Guitar** _____
____ **Week 3 (June 18-23)** _____ **Week 7 (July 16-21)** ***Beginner Piano Camp** _____
____ **Week 4 (June 25- 30)** _____ **Week 8 (July 23-28)** * **Intermediate Piano Camp** _____

*(Please check all available weeks.)

The first 3 weeks of August may be added to accommodate teachers' or students' schedule. (Please check if interested) _____
(Fall Semester begins August 20th.)

On the grid below mark thru days and hours student is in another activity (school, preschool, Mother's Day Out, dance, sports, etc.). In other words completely **cross out those days and/or times he or she cannot attend a music lesson**. Fifteen minute intervals can be added by dividing the squares. Please give us as many options as your schedule will allow.

	9:30	10:00	10:30	11:00	11:30	12:00	12:30	1:00	1:30	2:00	2:30	3:00	3:30	4:00	4:30	5:00	5:30	6:00	6:30	7:00	7:30	
Mon																						
Tues																						
Wed																						
Thur.																						
Fri																						
Sat																						

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

Payment may be made in full at the first lesson or in 2 payments due the first lesson and the first week of July.

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 _____