



4430 Willow Rd. Suite M, Pleasanton, CA 94588
Pleasanton, CA 94566
Tel: (925) 462.5400
Fax: (925) 462.5402
music@NewWorldMusicAcademy.com

REGISTRATION FORM: circle one: [Piano] [Little Mozarts] [Piano Lite] [Guitar] [Group Guitar] [Strings] [Group Violin] [Voice] [Brass/Woodwinds] [Chorus] [Composing With Computers] [Exploring Music] [Music Theory]

Please print, fill out completely, fax it or bring it to the academy at the address above. Our staff will be glad to assist you. You will be contacted to confirm yours or your child's lesson day and time.

Adult students please complete this information section also.

Parent or Guardian Full Name Relationship

Address

City Zip

Home Telephone Email

Work and/or cell numbers 1) 2)

How did you hear about the New World Music Academy?

Student Information

Full Name Gender (m/f) Age Birthdate

School Name Grade Instrument of choice:

Will you need to rent an instrument? yes no

Are you currently enrolled in lessons for this instrument at another location? yes no

Academy Information - Must be filled out by Academy Staff

Evaluation done? yes no Additional info:

Current level Class type (Primer/Accel/Levels) Instructor

Lesson/Class day Time Lesson/Class length Start date

Permission to Use Student Images/Video

Students are occasionally photographed or videotaped for Academy purposes only. In some instances these images will be put on the Academy website, flyers, etc., for advertisement purposes, and/or providing information to the community about the Academy.

I hereby give or deny my permission to use my student's photograph or image in the Academy's website and the formats as stated above.

Signature and date

Emergency Contact

Name Relation Tel.1) 2)

Regarding my Child: any known health concerns or helpful information about my child:

Tuition/Registration Fees

Tuition is payable monthly by direct debit from either a checking or savings bank account, or by VISA, MasterCard and Discover. The Academy does not accept cash or checks for tuition however does accept cash or checks for materials and merchandise. The Automatic Payment Consent Form (below) must be filled out completely to register and confirm your lesson time. An initial registration fee of \$25 is applied when you register. The Academy provides no refunds for any program.

Makeup Policy

Makeup lessons or prorated tuition are offered for teacher absences. Students are allowed 2 makeup lessons per year. For group lessons, a lesson plan will be emailed or mailed home that will cover the missed lesson so the student does not fall behind. Makeup lessons are done at the convenience of the instructor's schedule and must be arranged through the front desk.

Withdrawal from The Academy

The Academy requires **30 days** written notice to drop a class. A Withdrawal form, available at the front desk, must be filled out and returned to the receptionist. You must drop a class by the fifteenth of the month to stop the automatic payment for the following month.

I have read and understand the policies of the New World Music Academy and agree to all terms and conditions.

_____ I have received the parent copy of this information _____
Signature and Date initial

Monthly Automatic Payment Information (Checking or Savings Account/Visa/MasterCard/Discover)

Please Choose Your Preferred Method of Payment (choose one)

Same method as student's sibling already enrolled. Sibling's name _____

Bank Account Direct Debit (checking or savings – our preferred method, thank you!)

As a duly authorized check signer on the financial institution account identified by the attached voided check, I authorize New World Music Academy LLC to perform scheduled or periodic electronic funds transfer debits and/or credits from my account for payments due or when applicable, apply electronic funds transfer credits to the same. This applies to **check by phone** payments as well as any other electronic payment. I understand the dollar amount can vary depending on services performed and materials provided.

Furthermore, if any such electronic debit(s) should be returned by my financial institution as Non-Sufficient Funds (NSF), I authorize, New World Music Academy to collect a returned item fee of \$25.00 per item by electronic debit from my account identified below.

For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the financial institution account identified by the attached voided check.

I understand and authorize all of the above as evidenced by my signature below.

AUTHORIZING SIGNATURE: _____ DATE: ____/____/____

PRINTED NAME: _____ PHONE NUMBER (____) _____

(If choosing the above tuition method, please attach a voided check below)

Credit Card Authorization

I authorize New World Music Academy to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified below for payments due or when applicable, apply electronic funds transfer credits to the same.

I will give the academy office one month's written notice from the first of the month to discontinue these charges.

___ Visa ___ Mastercard ___ Discover

_____ _____ _____
Card Number Expiration Date Billing Address

Signature: _____ Date: _____

REFUNDS ARE ISSUED ON A CASE BY CASE BASIS