

## SLATER MUSIC ACADEMY WINTER-SPRING 2018 REGISTRATION AND PAYMENT FORM

You may now register and pay for lessons online! Visit our website at [slatermusicacademy.com](http://slatermusicacademy.com) and click on the REGISTRATION tab. If you do not wish to register online, please complete the registration form below at or before your first lesson.

**Length of term:** Winter-Spring 2018 term consists of 16 private lessons taken between the dates of and January 15 and May 27.

**Trial packages:** A four half-hour lesson trial package is available to new students for all instructors for \$90. A four 45-minute trial package is \$135 and a four one-hour trial package is \$180. The trial package is a popular choice for many new students who wish be certain the lessons are going to be successful before committing to the full term. Four-lesson trial packages are a very popular gift item.

**Four-payment installment plan:** With credit card you may pay for the term in four easy equal installments. Complete the table and the credit card payment form on the following form (please sign at the bottom so we have permission to charge your credit card for future payments). Your credit card will be charged at enrollment for the first installment and on February 15, March 15 and April 15 for the remaining three payments. There is no additional fee for using the four-payment plan.

**Daytime discount rates** are available for students who can take lessons prior to 3:00 p.m. Monday through Friday (see table below).

**Late registrations:** You may register at any time and pay for only the remainder of lessons in the term. Please consult with your instructor to be sure of the number of lessons remaining.

The Academy can accept this form and payment in the following ways:

- Register and pay online at [slatermusicacademy.com](http://slatermusicacademy.com), click on the REGISTRATION tab
- Give this completed form to your instructor
- Mail to the Academy (please use address below; do not mail cash)
- Call or fax information with credit card to (859) 802-9344
- Email scanned form to Academy

<b>Instructor</b>	<b>Base ½ hour rate</b>	<b>16 ½ hour lessons</b>	<b>16 45-min. lessons</b>	<b>16 hour lessons</b>
Rebecca, Josh	\$25	\$400	\$600	\$800
Rich, Evelina, Caileen, Rae Jean	\$23	\$368	\$552	\$736
Mark, Eric, Abby, Andrea	\$22	\$352	\$528	\$704
Daytime Discount Rate	\$20	\$320	\$480	\$640

***Slater Music Academy***

***P.O. Box 75049***

***Fort Thomas, KY 41075-0049***

**Phone:** (859) 802-9344

[slatermusicacademy.com](http://slatermusicacademy.com)

[info@slatermusicacademy.com](mailto:info@slatermusicacademy.com)

**SLATER MUSIC ACADEMY WINTER-SPRING 2018 REGISTRATION AND PAYMENT FORM**

Student name \_\_\_\_\_ Date of birth \_\_\_\_\_

Today's date \_\_\_\_\_ Instructor/Instrument \_\_\_\_\_

Parent/guardian name \_\_\_\_\_

Address \_\_\_\_\_

City, state, zip code \_\_\_\_\_

Phone number(s) \_\_\_\_\_

Emergency contact and phone number \_\_\_\_\_

Email address(es) (note – we will never send you unsolicited email or give your email address to anyone else. This is for communication purposes only.)

Are there any medical conditions or handicaps that the instructor should know about? If so, please explain.

How did you hear about us? \_\_\_\_\_

I have received and read a copy of WINTER-SPRING 2018 STUDIO POLICIES, and I further agree to abide by all rules and policies set forth in the same.

Name \_\_\_\_\_ Date \_\_\_\_\_

Student name	Instructor and/or Class	# lessons purchased	Total amount per student
		<b>Grand total:</b>	

I am paying by (check all that apply):

- Check or money order (written to Slater Music Academy, \$30 fee for returned checks)
- Cash (exact change, please)
- Gift certificate(s) and/or coupon (check expiration date and number of lessons required to receive coupon discount; only one coupon per purchase)
- Credit card (complete form)

Card # \_\_\_\_\_ Expiration date \_\_\_\_/\_\_\_\_  
Month Year

CVV2 # (3 digit number on the back of your credit card) \_\_\_\_\_ Amt. \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

I agree to pay above total amount according to card issuer agreement.

**Four-payment installment plan only:** I agree to allow the Academy to charge my credit card for one-fourth of the total tuition bill on February 15, March 15 and April 15.

Signature \_\_\_\_\_