2018-2019 West County Strings Registration Form Please return this form by Tuesday, July 31

1. Student Information							
Name:		Age:	School:		Grade:		
2. Parent / Guardian Informa	tion						
Name(s):							
Address:	City:		State	e: Zip (Code:		
E-mail:		Alternate E	-mail:				
Phone:	ne:			_ Alternate Phone:			
3. Requested Services							
Lesson Length (in minutes):	30 45	60 75	90	120			
Possible Lesson Times (Mon-F	ri 1–10 p.m.; Sat 9	a.m. – 9 p.m. _[[Brad only])				
1	2		3.				
4. Policies							
The times requested above must work for confirmed. Mr. Brad and Ms. Kirby result not align with the rest of their teaching such	erve the right to request						
☐ I consent to the above scheduling p	policies.						
Tuition for each semester of the 2018-201 \$1,205/60-minute, \$1,457/75-minute, \$5 semester individually, or in installments	1,709/90-minute, or \$2,1	!41/120-minute le	ssons. Families				
\Box I consent to the above tuition rates	and payment policies.						
Lessons missed by the student for any re switch lesson times with other families in has begun, they will be held responsible for	n the event of a scheduli	ng conflict. If a fi	amily discontini	ues lessons at any			
$\hfill \square$ I consent to the above attendance p	policies and to my cont	tact information	being added to	the studio dire	ectory.		
5. Registration Fee							
In order to complete your registration nonrefundable. Please make all check			ease enclose	\$25/student o	r \$50/family. This fee is		
Amount enclosed: \$							
6. Signature							
(Signature)		(Printed Name)					