

Georgia Academy of Music 2009-2010 Private Lesson Registration Procedure

1. Fill out both pages of the form with time requests and signature.

2. Forms must include payment for the registration fee and the first month's tuition in order to be processed.

**Registration Fee is \$60.00 annually per family.
See Monthly Tuition Rates Below.**

Base Rate Monthly tuition fees:

\$116.00 monthly for 30 minute lessons

\$174.00 monthly for 45 minute lessons

\$232.00 monthly for 60 minute lessons

*The following teachers are at a different rate:

Corina Brito: \$136 mos. 30 min./\$204 mos. 45 min./\$272 mos. 60 min.

Brian Cray: \$126 mos. 30 min./\$189 mos. 45 min./\$252 mos. 60 min.

Fia Durrett: \$156 mos. 30 min/ \$234 mos. 45 min/\$312 mos. 60 min.

Nan Kemberling: \$136 mos. 30 min./\$204 mos. 45 min./\$272 mos. 60 min.

Melissa Meghdadi:\$128 mos. 30 min/\$192 mos. 45 min/\$256 mos. 60 min.

Irina Mogilevsky: \$136 mos. 30 min/\$204 mos. 45 min/\$272 mos. 60 min.

Aki Ohazama: \$136 mos. 30 min/\$204 mos. 45 min/ \$272 mos. 60 min.

Rachel Oliver: \$166 mos. 30 min/\$273 mos. 45 min./\$332 mos. 60 min.

Tim Whitehead: \$126 mos.30 min./\$189 mos. 45 min./\$252 mos. 60 min.

Joli Wu: \$156 mos. 30 min./\$234 mos. 45 min./\$312 mos. 60 min.

The Georgia Academy of Music, Inc.

Private Lesson Registration 2009-10

Student's Name: _____

Address: _____

City, State, Zip: _____

Billing Name: _____

Home Phone: _____ Cell Phone: _____

Father's Name: _____ Work Phone: _____

Mother's Name: _____ Work Phone: _____

Email address: _____

Method of Payment

Check

Discover

MasterCard

Card

Number: _____

Exp. Date: _____

Name: _____

Private Lessons

Ensemble

Instrument: _____

Requested Instructor: _____

SCHEDULING REQUESTS (Due to limited availability, please list at least 2 choices).

#1 Day: _____ Time: _____ Length: _____

#2 Day: _____ Time: _____ Length: _____

#3 Day: _____ Time: _____ Length: _____

Other Information:

School: _____ School Music Teacher: _____ Grade: _____

Date of Birth: _____

Mother's Place of Employment: _____ Title: _____

Father's Place of Employment: _____ Title: _____

The Georgia Academy of Music, Inc. admits students without regard to race, color, religion, sex, age, national origin, marital status, mental condition, or physical handicap.

I UNDERSTAND THAT THE GEORGIA ACADEMY OF MUSIC, INC. OFFERS A MONTHLY TUITION PLAN AND THAT THE PAYMENT DATE WILL NOT BE LATER THAN THE FIRST OF EVERY MONTH FOR THE FOLLOWING MONTH'S TUITION. A NON-REFUNDABLE \$50.00 ANNUAL REGISTRATION FEE PER FAMILY IS CHARGED YEARLY AND IS DUE AT TIME OF REGISTRATION.

ALL LESSONS AND CLASSES SCHEDULED MUST BE PAID FOR WHETHER THE STUDENT ATTENDS OR NOT, AS THE TEACHER'S TIME HAS BEEN ALLOTTED TO THE STUDENT. **LESSONS MISSED BY THE STUDENT DO NOT HAVE TO BE MADE UP.** LESSONS MISSED BY THE TEACHER WILL BE MADE UP OR THE ACCOUNT WILL BE CREDITED.

THE ACADEMY OFFICE MUST BE NOTIFIED TWO WEEKS IN ADVANCE IN THE EVENT OF A STUDENT'S WITHDRAWAL AND A WITHDRAWAL FEE EQUIVALENT TO TWO WEEKS WORTH OF LESSONS OR CLASSES WILL BE CHARGED... THE REMAINING TUITION CHARGES WILL BE CREDITED. I FULLY UNDERSTAND THAT CHANGES IN STUDENT'S SCHEDULES WILL BE ACCOMODATED, IF POSSIBLE, BUT CAN NOT BE GUARANTEED.

SIGNATURE: _____ **DATE:** _____

The Georgia Academy of Music 2009-2010

Registration and Financial Agreement

Parent's Name _____

Credit Card (MC or Visa) _____

EXP _____ *

* (A Credit Card backup is required in order to complete registration.)

I understand that the registration fee at the Georgia Academy is \$60 per year per family.

IN ADDITION FIRST MONTH'S TUITION IS ALSO DUE AT THE TIME OF REGISTRATION.

I understand that installment payments are made monthly and are paid towards a total number of lessons per semester as the number of lessons taken in any given month will vary. I may elect to pay the entire year for a 5% discount. I understand that I am paying for studio time which means that if the teacher is present and the student is not, the student may be charged for the lesson. The Academy does not excuse for illness or conflicts in schedule that arise after the commitment is made. (See Brochure for exceptions) I understand that cash or check payment is due by the 28th in advance for the coming month. My credit card will be charged on the 15th of the month if the outstanding balance has not been received. I understand that at the end of the year all charges by the teacher will be tallied and any unused funds in my account will either be refunded to me or applied to the coming session at my discretion.

Signed: _____ Date: _____