

**Kindermusik with Grow and Sing Studios**  
**REGISTRATION FOR PRIVATE INSTRUCTION**

[WWW.GROWANDSING.COM](http://WWW.GROWANDSING.COM) \* 407-970-2774

Student name \_\_\_\_\_ Child's Birthday \_\_\_\_\_

Parent's name(s) if child is under 18 years of age \_\_\_\_\_

Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Who will be bringing the child(ren)? \_\_\_\_\_ Health concerns/allergies \_\_\_\_\_

Alternate emergency contact name and phone \_\_\_\_\_

How did you hear about Grow & Sing Studios? \_\_\_\_\_

Please choose your instrument below:

<p><b><u>STRINGS</u></b> Lessons taught by Katherine Moore \$20 per 30 minute lesson</p> <p>_____ Violin</p> <p>_____ Viola</p> <p>_____ Cello</p> <p>_____ Beginning Guitar</p>
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<p><b><u>VOICE</u></b> Lessons taught by Elizabeth Chavis \$29 per 30 minute lesson</p> <p>_____ Voice</p>
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**Terms:**

Fees will be collected on a monthly basis. Payment can be Check, Cash or Credit Card. You can also elect to be automatically billed on the 5<sup>th</sup> of each month at the rates listed above. Payment is due at the first lesson of each month. Your lessons day, time and location will be arranged between you and your teacher. Should you need to cancel a lesson, please provide us 24 hours notice if possible. Your teacher will schedule a makeup lesson for you if she is able, but this is not guaranteed as it will be based on schedule availability. The only guaranteed make-ups are for teacher absences and weather cancellations.

Lesson Withdrawal: In order to withdraw from music lessons, students or parent/guardian must submit a **written** withdrawal letter to the Grow and Sing Studios. Notice to the instructor is not sufficient. Non-attendance does not constitute a withdrawal. Thank you!

There will be a fee for all returned checks. No refunds or credits will be given for any unattended lessons.

You can feel comfortable knowing that our teachers are screened carefully and references are checked.

***I have read and understand these policies.***

Signature : \_\_\_\_\_ Date: \_\_\_\_\_  
(required of student, or parent if student is a minor)

<p><b><u>PAYMENT</u></b></p> <p>Please fax, scan in &amp; email or mail registration forms to: Fax: 407-281-9255, <a href="mailto:info@growandsing.com">info@growandsing.com</a> or 4133 Stonefield Drive, Orlando, FL 32826. Cash, Check, or Visa/MC/AMEX/Discover accepted. Checks payable to: Grow and Sing Studios.</p> <p>If you would like to be automatically billed each month, please fill out the following information. An email will be sent to you each month as a reminder.</p> <p>Name _____ Card # _____</p> <p>Expiration date _____ Amount to charge on card _____</p> <p>Signature _____</p> <p><i>Please note that your credit card will show payment to In-Focus Media Inc.</i></p> <p><b>YOU CAN CANCEL YOUR AUTOMATIC BILLING AT ANY TIME BY EMAILING <a href="mailto:HOLLY@GROWANDSING.COM">HOLLY@GROWANDSING.COM</a>, OR CALLING 407-970-2774.</b></p>
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