**New Student Registration Form**

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| **Student’s Name:** |  | **Date of Birth:** |  |

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| **Street Address:** |  |

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| **Apt#:** |  | **City:** |  | **State:** |  | **Zip Code:** |  |

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| --- | --- | --- | --- |
| **School:** |  | **Grade:** |  |

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| **Parent/Guardian Information:**The following contact information will be used to reach the student/parent in case of school closings, emergency, or lesson reminder. |

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| **Primary Contact** |

|  |  |
| --- | --- |
| Name: |  |

|  |  |
| --- | --- |
| Relationship to Student: |  |

|  |  |
| --- | --- |
| Occupation: |  |

|  |  |
| --- | --- |
| Cell Phone: |  |

|  |  |
| --- | --- |
| Secondary Phone: |  |

|  |  |
| --- | --- |
| Other Phone: |  |

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| --- | --- |
| E-mail: |  |

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| **Secondary Contact** |
| Name: |  |

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| Relationship to Student: |  |

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| --- | --- |
| Occupation: |  |

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| --- | --- |
| Cell Phone: |  |

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| --- | --- |
| Secondary Phone: |  |

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| --- | --- |
| Other Phone: |  |

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| E-mail: |  |

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| **This registration is for:** |
| [ ]  Private Lessons |  | [ ]  Group Classes | [ ]  Summer Camp |

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| **In-Person or Virtual (for private lessons only)** |
| [ ]  In-Person | [ ]  Virtual |  |  |

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| **Choice of Instrument (for private lessons only)** |
| 1st Instrument**:** |  | Teacher: |  | Lesson Length: | [ ]  30 min | [ ]  45 min | [ ]  60 min |
| 2nd Instrument: |  | Teacher: |  | Lesson Length: | [ ]  30 min | [ ]  45 min | [ ]  60 min |

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| **Preferred Choice of Lesson Day and Time (for private lessons/group classes only)** |
| **1st Choice:** | Day: |  | Time: |  |  | Start Date: |  |
| **2nd Choice:** | Day: |  | Time: |  |  | Additional Information: |  |
| **3rd Choice:** | Day: |  | Time: |  |  |  |

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| **Student’s Musical Experience:** |
| The student’s current experience level is: | [ ]  Beginner | [ ]  Intermediate | [ ]  Advanced |

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| Has the student ever had private instructions before? | [ ]  Yes | [ ]  No |

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| If yes, please list the schools or teachers: |  |

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| --- | --- | --- | --- |
| If yes, how long has the student had private instructions? | [ ]  <12 months | [ ]  1-2 years | [ ]  3+ years |

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| --- | --- | --- |
| If no, has the student attended group lessons or other group musical activities? | [ ]  Yes | [ ]  No |

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| Please list where (if applicable) |  |

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| **How did you hear about us?** |
| [ ]  Word of mouth | [ ]  Neighborhood | [ ]  Other: |  |
| [ ]  Internet search | [ ]  Family Member |  |

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| **Payment Information** 1. Aurora Music Academy, Inc. does not charge students a registration fee. However, all tuition must be paid in full before the ﬁrst class of each semester.
2. Please sign below if you would like us to charge your tuition to your credit card.
3. Payments via credit card and PayPal are subject to a 5% processing fee per transaction.
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| **Choose a Payment Method:** |
| [ ]  Cash  |
| [ ]  Check |
| [ ]  Zelle (info.auroraacademy@gmail.com) |
| [ ]  Credit Card\*\*  |
| [ ]  PayPal\*\* |
| [ ]  Payment Plan (Additional Form Required) |
| **\*\*Subject to 5% processing fee per transaction** |
|  | ***This table is for office use only*** |
| Tuition 1 |  | $ |  |
| Discount | % | $ |  |
| Tuition 2 |  | $ |  |
| Discount | % | $ |  |
| Deposit |  | $ |  |
| Fees |  | $ |  |
| Total Tuition Due | $ | Date |

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| --- |
| **Credit Card Information *(for credit card transactions only)*** |
| [ ]  AmEx | [ ]  Visa | [ ]  MasterCard | [ ]  Discover | [ ]  Other |  |

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| --- | --- | --- | --- | --- | --- |
| Number |  | Security Code (CV2) |  | Expiration Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Cardholder’s Name |  | Billing Zip Code |  |

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| **Credit Card Authorization for Tuition Payment *(for credit card transactions only)*** |
| I hereby authorize Aurora Music Academy, Inc. (AMA) to charge my credit card for the tuition payment. If AMA is unable to process my payment, I will be responsible for an alternate payment arrangement and any resulting processing fees that may be incurred. This authorization is in effect until I notify AMA otherwise. I understand that all expenses will be charged on my behalf and these may include additional charges from any previous months. By signing this authorization, I acknowledge that I have read and agree to all the above information and warrant all information provided is true and correct. This agreement may be cancelled by the applicant by providing AMA written notice at least 30 days in advance of the effective cancellation date. |
|  |  |  |  |  |
| Name |  | Signature |  | Date |

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| **For office use only** |
| [ ]  Profile Created | [ ]  Scheduled | [ ]  MMS Priced | [ ]  Invoiced | [ ]  Paid | [ ]  Scanned | [ ]  Uploaded MMS | [ ]  Uploaded OD |