

Spring 2020 Falls View Academy Registration Form

PLEASE PRINT ALL INFORMATION. USE A SEPARATE FORM FOR EACH CHILD.

Date: _____

Student's Last Name: _____ First Name: _____

Previous FVA Student? Y N If NO, previous music experience: _____

FOR PREVIOUS FVA STUDENTS, ONLY COMPLETE AREAS IN THIS SECTION THAT HAVE CHANGED.

Address: _____ City: _____

State: _____ Zip: _____ Date of Birth: ____/____/____ Gender: M F

School: _____ School District: _____ Grade: _____

How did you hear about us: _____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Instrument, Voice or other lesson types? _____

What goals do you have for this session? _____

Preferred Days of Week and Times: Please indicate your preferred lesson day and time.

Lesson Choice	Day of Week (circle one)	Start Time	Duration (circle one)
1 st	M, T, W, Th		30, 45, 60
2 nd	M, T, W, Th		30, 45, 60
3 rd	M, T, W, Th		30, 45, 60

- See teacher's days of week availability, separate attachment.

How will student be arriving to lessons? ☐ Walking ☐ Parent ☐ School Bus ☐ Other

Cancellation Policy (PLEASE READ and SIGN BELOW):

Once a schedule is in place, at least twenty-four hours' notice is required to receive a "make-up" lesson or receive credit for the next sessions' lessons. All "make ups" must occur during the current session time period, and may not be made up in future sessions. A maximum of two requests for rescheduling are permitted each session. Cancellations for which notice is given less than twenty-four hours before lesson start time may not be made up, depending on instructors' availability, and will be charged at the full rate and not credited. Refunds for any lessons missed because of student's absence or student cancellation will not be provided.

Your signature below indicates that you have read and understand the cancellation policy.

Signature: _____ Date: _____

Program and Payment Information (Spring, Apr 13 through Jun 15; 10 weeks)

Complete the below payment information..

Select	Program Type	Session Price	# of Weeks	Total Session Cost (# weeks x session price)
<input type="checkbox"/>	Piano Lessons	\$35/30min, \$52.50/45min, \$70/60min		
<input type="checkbox"/>	Guitar Lessons	\$35/30min, \$52.50/45min, \$70/60min		
<input type="checkbox"/>	Voice Lessons	\$35/30min, \$52.50/45min, \$70/60min		
<input type="checkbox"/>	Strings Lessons	\$35/30min, \$52.50/45min, \$70/60min		
<input type="checkbox"/>	Other Lessons			
<input type="checkbox"/>	Recital Fee	\$10 per family	n.a.	
<input checked="" type="checkbox"/>	Registration Fee – required	\$5 per family	n.a.	\$5.00
			Subtotal	
10% Discount for more than one family member			Discount	
			Total Cost	

Please select payment method (total may be split into two installments) Check: ☐ Check Made Payable to “Falls View Academy”

Credit Card: ☐ MasterCard ☐ Visa ☐ American Express (MUST SIGN BELOW)

Card #: _____ Expiration Date (MM/YY): ____/____

Name (as it appears on the card): _____

I _____ authorize the collection of payment for registered services by Falls View Academy, LLC through my selected method.
(Print your first and last name)

Authorized Signature: _____ Date (MM/DD/YYYY): ____/____/____

Authorization and Release Agreement

I, _____, the parent/legal guardian of _____
(Print your first and last name) (Print child's first and last name)

Give consent to my child's participation in the specified education programs. In an emergency I can be reached at the numbers listed below. In the event that I cannot be reached, I authorize Falls View Academy staff to authorize or refuse necessary emergency treatment for my child.

I further agree to indemnify, protect and hold harmless Falls View Academy, its officers, board members, supervisors, agents, servants, employees, and all other persons or organizations volunteering services without charge to supervise or chaperone the children who participate in this activity (collectively FVA Personnel) from any claim or liability whatsoever, including, but not limited to personal injury, property damage, court costs, attorney's fees and interest, however caused, even if caused by the negligence of FVA Personnel, as a result of my child's participation.

I further agree that Falls View Academy, its officers, board members, agents, servants, or employees reserve the right to terminate the participation of my child in the program for failure to behave and act in accordance with the Falls View Academy regulations on conduct, or for failure to follow the instructions and directions of the supervisors or chaperones, or for any acts of conduct deemed by the agents of Falls View Academy to be detrimental to or incompatible with the interest, harmony, comfort or welfare of the program. If the participation is terminated, no participation fees will be refunded.

Parent/Guardian Signature: _____ Date (MM/DD/YYYY): ____/____/____

To return the completed registration form or to contact us with any questions, please use the information below.		FVA Use Only:
In-person or by mail to:	Falls View Academy 28 East Street Honeoye Falls, NY 14472	Date Received? M__ D__ Y__
By Fax:	(585) 624-4847	Payment Enclosed?
Phone:	(585) 624-8184	Y N
By Email:	info@fallsviewacademy.com	
Online:	www.fallsviewacademy.com	