



Harper School Registration Form

James C. Harper School of Performing Arts

PLEASE PRINT CLEARLY and complete a separate form for each child enrolled.

Family Contact Information Mr. Mrs. Ms. Dr. Other _____

Address _____

City _____ State _____ Zip Code _____

E-Mail _____

Home Phone _____

Student Status Student (Minor) Student (Adult)

Student Name _____

Instrument _____

Birth Date _____ School _____ Grade _____ F M

Parent/Guardian Mr. Mrs. Ms. Dr. Other _____

Work Phone _____

Permission to Use Photograph

I grant to the James C. Harper School of Performing Arts its representatives and employees the right to take or use photographs of my child. I authorize the James C. Harper School of Performing Arts its assignees and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the James C. Harper School of Performing Arts will not use my child's name on any advertisement unless permission has been granted.

Please Initial _____

Instrument, Group Class or Special Program	Teacher	Group Lesson Session	Lesson Length	Day	Time	Start Date	Number of Lessons	Tuition
		Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/>	<input type="checkbox"/> 30 min. <input type="checkbox"/> 45 min. <input type="checkbox"/> 60 min.					\$
		Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/>	<input type="checkbox"/> 30 min. <input type="checkbox"/> 45 min. <input type="checkbox"/> 60 min.					\$
		Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/>	<input type="checkbox"/> 30 min. <input type="checkbox"/> 45 min. <input type="checkbox"/> 60 min.					\$

Payment

Total Tuition Due \$ _____

Check or money order enclosed, payable to: **The Harper School**

Total Amount Paid \$ _____

Bill my credit card: Visa Mastercard

Card No. _____ Exp. date _____

Signature _____ Date _____

Payment Plan Option:

9 Installments: (Private and Suzuki Only) 1st Installment due with Registration. Remaining 8 installments due the 1st of each month.

2 Installments: Due AUGUST and JANUARY

Monthly Credit Card Installments

PAYER SIGNATURE: _____ DATE _____ / _____ / _____

I HEREBY AGREE TO ANY AND ALL INFORMATION AND AGREEMENTS NOTED ABOVE: