



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 _____

If Minor Student

Student Name _____ F M

Instrument _____

Birth Date _____ School _____ Grade _____

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

Work Phone _____

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

Work Phone _____

If Adult Student

Student Name Mr. Mrs. Ms. Dr. Other _____

Employer _____

Title _____ Work Phone _____

Instrument _____

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

APPLY 5% DISCOUNT FOR PRE-AUTHORIZED AUTOMATIC MONTHLY CREDIT CARD CHARGES.

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 **APPLY 5% DISCOUNT**
- Ensemble / Music Together full payment due required at registration

Optional Agreement For Automatic Bank Withdrawal

Complete this section to start Automatic Withdrawal. I hereby authorize the Harper School to initiate debit entries to my account indicated below and my bank, named below, to debit the same such account. **APPLY 5% DISCOUNT**

ACCOUNT INFORMATION: Please automatically deduct my monthly bill payments from the following account:

Checking (You must attach a **VOIDED CHECK**)

Note: If using a brokerage account, it is your responsibility to contact your broker to confirm that ACH is available for that account

Bank Account #: _____

Bank Routing #: _____ **Bank Name** _____

This authority is to remain in full force and effect until my bank has received written or verbal notification from me of its termination in such time and in such a manner as to afford both a reasonable opportunity to act on it.

PAYER SIGNATURE: _____ **DATE** ____/____/____

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

PLAN TUITION WORKSHEET

FOR OFFICE USE ONLY

1. Tuition \$ _____
2. Registration Fee \$ _____
3. Other \$ _____
4. **SUB TOTAL** \$ _____
5. - Scholarships \$ _____
6. =**Total DUE** \$ _____

Notes: _____

