



Program Form

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www.musicworksnw.org

Account # _____
Returning New

Group, Performance Ensemble,
Camp

_____		_____		
Parent / Guardian		Other Parent / Guardian		
_____		_____	_____	_____
Address		City	State	Zip
_____	_____	_____		
Home Phone	Cell / Alternate Phone	Email Address		

How did you hear about Music Works Northwest? _____

Did you participate in a Music Works NW band/orchestra clinic at your school? Yes

Student Information

_____	_____	_____	_____
Student Name	Instrument	Gender	Date of Birth

Group Lesson Information

Quarter:

Fall Winter Spring Summer

Quarter:

Fall Winter Spring Summer

Terms and Conditions

Attendance: Regular attendance for all programs is expected. Students are charged for all activities for which they are registered, including those missed due to student absence. As a courtesy to the instructor or the group, please notify Music Works Northwest in advance of an absence prior to the session. Missed sessions or rehearsals due to student absence will not be made up and there will be no refund or tuition credit issued for student absences.

Tuition: Tuition must be paid in full prior to the first session, rehearsal or activity. After a student has registered for an activity, Music Works Northwest has committed space and time for that student regardless of student attendance. There are no refunds for student absences.

Group Instruction/Ensembles: Students enrolled in Group Instruction, Performance Ensembles, or other group activities are required to complete a registration form for each 7-week session. There will be no automatic registration or re-registration for group activities. **In the event that the minimum enrollment for a group is not met, the student will be notified at least 48 hours in advance and a full refund will be issued.**

Cancellation Policy: You may cancel your registration for a group lesson or performing ensemble for a full credit or refund up to two weeks prior to the first scheduled meeting of a group lesson or ensemble. Cancellations received between thirteen days to one day prior to the first scheduled meeting will receive a 50% credit or refund. No credit or refund will be issued for cancellations received on the day of or after the first meeting.

Responsible Person Signature Required! I have read and agree to accept the terms and conditions outlined. I agree to pay tuition in a timely manner and financial penalties accrued by my child or myself due to non-payment, physical or property damage incurred on Music Works Northwest premises. I agree to make Music Works Northwest Registrar and student's instructor aware of any medical conditions, medications or special medical concerns or needs of the student that affect the student's performance and (or) attendance. I give permission to any Music Works Northwest representative to seek medical attention for my child or myself in the event of a medical emergency. I will be responsible for any and all medical and emergency transport expenses incurred. I grant permission to Music Works Northwest to use photographs, videos and recordings of my child or myself for promotional purposes.

_____	_____
Signature	Date

Office Use Only

Program Code: _____

Invoice: _____

Payment: _____

Program Code: _____

Timesheet: _____

Tally: _____

Email: _____

Copy: _____

C C : _____

Auto Pay: _____