

Evergreen String Academy

Suzuki Talent Education Program

Registration Form

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Student Name: _____ Date of Birth: _____ School: _____
 2nd Student Name: _____ Date of Birth: _____ School: _____
 3rd Student Name: _____ Date of Birth: _____ School: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent A: _____ Phone (Cell) (H) _____

Parent B: _____ Phone (Cell) (H) _____

Email(s): _____

I agree to allow my child(ren)'s picture to be used in Evergreen String Academy's promotional materials (website, brochures, studio Facebook page etc.). YES or NO (*Please circle*)

Student #1: Lesson Length: _____ Student #2: Lesson Length: _____ Student #3: Lesson Length: _____

Please list three days/times that would work for scheduling weekly lessons:

Day/Time #1: _____ Day/Time #2: _____ Day/Time #3: _____

Tuition:

See attached Studio Policies for tuition and payment details. (If starting mid semester, tuition will be prorated.)
 Receipts will be issued after each tuition payment.

The yearly registration fee and first tuition payment for all registered students is due with this registration from.

Yearly Registration Fee: \$ _____

First Tuition Payment: \$ _____

Total Enclosed: \$ _____

Release of Liability: *I hereby release Evergreen String Academy, its members, agents and volunteers of all liability. By signing this release, I understand that I am absolving and releasing others from liability from their own negligent acts, even if I am not at fault in any way. In consideration of my/my child's participation in classes or other activities at or associated with Evergreen String Academy, I agree to assume full responsibility for them, their heirs, executors, and administrators, waive and release and forever discharge any and all rights and claims for damages which they may have or which occur to them, for all damages which may be sustained and suffered by them in connection with their association with or entry into center activities or which may arise out of their participation in these activities. I expressly assume all of the risks inherent in these activities.*

I have reviewed and acknowledge the Studio Policies and the Liability Release statement:

Signature of Parent: _____ Date: _____

Tuition Payment tracking: (For administrative use only)

Payment →	Fall #1	Fall #2	Fall #3	Spring #1	Spring #2	Spring #3	Spring #4
Check # or Cash							
Amount							
Date							
Other							