



SUMMER MUSIC LESSON AND CLASSES

205-345-8980; pianoperf@comcast.net; www.musicalbeginnings.biz
CLASSES/LESSONS HELD AT 4612 RICE MINE ROAD NE IN EMMANUEL BAPTIST CHURCH

- **PIANO PERFORMERS:** Up to 4 students in a class; age 6 to adults. **Tuition: \$160**
8 classes: Tuesdays and Thursdays, 6/1/10 – 6/24/10. 60 minutes per class.
Class times: choose from 2:00, 3:00, 4:00 or 5:00
- **GROUP GUITAR LESSONS:** Up to 6 students in a class; age 9 and up. **Tuition: \$160**
8 classes: Tuesdays and Thursdays, 6/1/10 – 6/24/10. 60 minutes per class.
Class time: 3:00. Students provide their own guitar.
- **GROUP FLUTE LESSONS:** Up to 4 students in a class; age 9 and up. **Tuition: \$160**
8 classes: Tuesdays and Thursdays, 6/1/10 – 6/24/10. 60 minutes per class.
Class time: 1:00. Students provide their own flute. Flutes may be rented in a local store.
- **PRIVATE LESSONS:** in **DRUMS, VIOLIN, VOICE, FLUTE, GUITAR AND PIANO.** **Tuition: \$175**
6 weekly lessons on Tuesdays, 6/1/2010-7/6/10. 45 minute per week. Lesson times arranged.
- **PAYMENTS:** One check or Visa/MC payment for the tuition amount due with registration. Check and credit card payments are payable to **Musical Beginnings.**

 **MAIL IN U. S. MAIL** PAYMENT(S) AND REGISTRATION FORM - DO NOT LEAVE REGISTRATION IN YOUR CHILD'S SCHOOL OFFICE to **Musical Beginnings, 4125 Meretta Lane, Tuscaloosa, AL 35406**

 **FAX REGISTRATION FORM WITH CREDIT CARD INFO TO SECURE FAX LINE: 205-349-1836**

 **EMAIL REGISTRATION FORM WITH CREDIT CARD INFO TO pianoperf@comcast.net**

Student's name: _____ Birthday: _____

School attending _____ Parents' Name: _____ Email _____
This is the method we would like to communicate with you

Home Address: _____

Phone: _____ Cell phone: _____

Class/Lesson registering: _____ Class/Lesson time: _____ **Payment must accompany registration**

PLEASE CHECK ONE: 1. Check enclosed; check # _____ 2. Credit card payment is enclosed. See below _____

Card # _____ - _____ - _____ Exp _____ / _____ **3 digit code on back** _____

Billing address: _____ City _____

Zip _____ Name on card _____ Signature of card holder _____

LENGTH OF SUMMER SESSION is 4 or 6 weeks. Total tuition must be paid in full at registration.

MISSED CLASSES/LESSONS will not be made up.

- **Musical Beginnings** reserves the right to discontinue a student at anytime, with a refund of the remainder of the tuition.
- **Musical Beginnings** reserves the right to cancel a class that does not meet the minimum number of students. Students will be offered alternative classes times or location. If they do not meet the student's need, a full refund will be given to these students.
- I understand that my child's enrollment in **Musical Beginnings** is a commitment for the entire term. Regardless of any decision to discontinue, I will be responsible for the full tuition after the first class.

SIGNATURE OF RESPONSIBLE PARTY: _____ **DATE** _____

FOR OFFICE USE ONLY	LESSON/CLASS/INSTRUTOR	TIME	DIRECTOR'S SIGNATURE
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A SIGNED COPY OF THIS REGISTRATION FORM WILL BE RETURNED TO THE STUDENT'S PARENTS' FOR THEIR RECORDS