

Registration Form



I. STUDENT INFORMATION

Home Phone _____ Registering for School Year _____
 Student Name _____ Middle Name _____ Last Name _____
 Gender Male Female Date of Birth _____ Age _____
 Home Address _____
 City _____ State _____ ZIP code _____
 Email _____ School Attending _____
 Mother Name & Last Name _____ Day Phone _____ Cell Phone _____
 Father Name & Last Name _____ Day Phone _____ Cell Phone _____
 Emergency Contact Name _____ Relation _____
 Day Phone _____ Cell Phone _____
 Medical Concerns _____
 How did you hear about Harmonia? _____

II. PLEASE REGISTER ME FOR THE FOLLOWING PROGRAMS

When filling out the table below, please refer to the Schedules in the brochure.

CLASS NAME	DAY OF THE WEEK + TIME	INSTRUCTOR	1 ST DAY OF CLASS	#OF CLASSES	TOTAL TUITION	MONTHLY INSTALLMENT	MATERIAL FEE
SUBTOTAL							
REGISTRATION FEE (\$40 NEW, \$20 RETURNING STUDENT)							
PAYMENT PLAN FEE					\$20	\$50	
DISCOUNT (SEE TUITION & FEES)							
MATERIAL FEE SUBTOTAL (FROM ABOVE)							
TOTAL AT REGISTRATION							
• Full payment • Two Payments (1/2 tuition + \$20 fee + all fees (non-refundable) due at registration) • 10 equal Payments (First month tuition + all fees (non-refundable) due at registration) * Credit Card information is required for the monthly payments. Tuition is due on 1 st of each month. Tuition will be charged with \$40 late fee after the 7 th of each month.							

III. PAYMENT PLAN

Please choose one:

- Full payment \$ _____ date _____
- Two payments 1. \$ _____ date _____
 2. \$ _____ date _____
- Installment Payments
 1. \$ _____ date _____
 thereafter, \$ _____ date _____
 (Due first day of each month until JUNE 1)
- Auto Charge
 Signature _____

IV. PAYMENT METHOD

Please choose one:

- Check # _____
 (Please make it payable to "Harmonia School")
- Cash \$ _____
- Credit Card: MC Visa Am Ex
 Card # : _____
 Expiration Date _____ V Code _____
 Signature _____

Signature required: I understand and agree to the registration regulations and the financial policies as stated in the school brochure and this form.
 I accept complete responsibility for all charges and fees that may occur.

Signature (parent/guardian or adult student)

Name (print)

Date