

# 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 <sup>ST</sup> DAY OF CLASS	#OF CLASSES	TOTAL TUITION	MONTHLY INSTALLMENT	MATERIAL FEE
SUBTOTAL							
REGISTRATION FEE (\$35 NEW, \$20 RETURNING STUDENT)							
PAYMENT PLAN FEE					\$10	\$35	
DISCOUNT (SEE TUITION & FEES)							
MATERIAL FEE SUBTOTAL (FROM ABOVE)							
TOTAL AT REGISTRATION							
<ul style="list-style-type: none"> <li>· Full payment</li> <li>· Two Payments (1/2 tuition + \$10 fee + all fees (non-refundable) due at registration)</li> <li>· 10 equal Payments (First month tuition + all fees (non-refundable) due at registration)</li> </ul> <p><small>* Credit Card information is required for the monthly payments. Tuition is due on 1<sup>st</sup> of each month. Tuition will be charged with \$35 late fee after the 7<sup>th</sup> of each month.</small></p>							

## III. PAYMENT PLAN

Please choose one:

- Full payment \$ \_\_\_\_\_ Date \_\_\_\_\_
- Two Payments 1. \$ \_\_\_\_\_ Date \_\_\_\_\_  
 2. \$ \_\_\_\_\_ Date \_\_\_\_\_
- Installment Payments  
 1. \$ \_\_\_\_\_ Date \_\_\_\_\_  
 Thereafter, \$ \_\_\_\_\_  
 (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