



**SUMMER 2017 REGISTRATION FORM**  
**SESSION DATES: JUNE 13 TO AUGUST 17**

217 Park Avenue  
Barrington, IL 60010  
847-682-9601

Student Name \_\_\_\_\_ Age \_\_\_\_ Bday \_\_\_\_\_ School \_\_\_\_\_

Parent Names \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mom Cell \_\_\_\_\_ Dad Cell \_\_\_\_\_ Student Cell \_\_\_\_\_

Home \_\_\_\_\_ Email 1 \_\_\_\_\_

Email 2 \_\_\_\_\_ Email 3 \_\_\_\_\_

Payment Method \_\_\_\_\_

Experience \_\_\_\_\_

Goals \_\_\_\_\_

Notes \_\_\_\_\_

How did you hear about the studio? \_\_\_\_\_

PRIVATE STUDY— \$60 HR, TUES—THURS		
VOICE		
PIANO		
ACTING		
PUBLIC SPEAKING		

**STUDIO POLICIES**

- \* Each student must submit a signed registration form prior to their first lesson or class.
- \* In fairness to everyone, students with a regularly scheduled lesson time are committing to that time for the duration of a session. We will do our best to accommodate major schedule changes during each registration process.
- \* Summer scheduling is flexible because so many families have vacation plans. You may reschedule lessons that fall on weeks you will be out of town or only book the weeks you will not be gone.
- \* Up to two private lessons may be rescheduled within the same session if 48-hr. notice is given (exceptions are made for sudden illness). Lessons will always be rescheduled if cancelled because of inclement weather or instructor illness.
- \* Any student who wishes to cease private study must give at least two weeks notice. Outstanding balances are due immediately.
- \* Private lessons may be billed monthly or tuition can be paid in full before the session begins. Monthly payments are due on the first of every month. A late fee of \$10 will be added to an invoice if payment is not received before the 15th. The studio accepts personal checks, Visa, MasterCard, and Discover.
- \* Returned checks are subject to a \$25 fee.

**IMPORTANT DATES**

- \* Studio Closed: July 4
- \* Last Day for Make-Up Lessons: Aug 17
- \* Fall Session: Aug 21—Dec 22
- \* Winter Break: Dec 23—Jan 7
- \* Spring Session: Begins: Jan 8

**LIABILITY WAIVER**

I hereby release Bel Canto Studios, its agents and employees from all liability for personal injury, illness, or property damage occurring on or off the studio premises. I have read the registration information and understand the studio's policies as outlined above. I understand that I am responsible for tuition payments as described. I hereby give Bel Canto Studios permission to use quotes, photographs, audio recordings, or video clips of me/my student for promotional purposes. I authorize Bel Canto Studios' employees to call paramedics and discharge me/my student to an ambulance if I am not able to authorize it in the case of a medical emergency.

Student Signature (18 or older)                      Parent/Guardian Signature                      Date

\_\_\_\_\_

**CREDIT CARD PAYMENTS — VISA, MASTERCARD, DISCOVER**

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Name on Card: \_\_\_\_\_

Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_      Date: \_\_\_\_\_

<b>OFFICE USE ONLY</b>																			
_____	DATE	_____	ID	_____	OL	_____	QB	_____	TRIAL INV & CAL	_____	INV	_____	CAL	_____	DL	_____	CC	_____	FILE