



Carey Arts Academy

2013-2014 Registration Form

Please Complete a Form for Each Student

Name _____ Male _____ Female _____ Age _____ Grade _____ DOB ____/____/____

Parent/Guardian (if student is under 18) _____

(This person will be responsible for all financial matters.)

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail _____

TYPE OF LESSON DESIRED:

Piano _____ Voice _____ Guitar _____ Violin _____ Organ _____ Other _____

GROUP LESSON:

Music Theory _____ Piano _____ Guitar _____ Choir (3rd-6th grade) _____

INSTRUCTOR REQUEST: _____

Every effort will be made to accommodate specific teacher requests.

Level of Instruction: **PROFESSIONAL** _____

1 HOUR LESSON _____

½ HOUR LESSON _____

50 MIN. GROUP LESSON _____

PRE-PROFESSIONAL

½ HOUR LESSON _____

PAYMENT CALCULATION and LEVEL SELECTION: Please initial choice.

_____ Annual Registration Fee=\$30.00

_____ Professional 1 hour lesson=\$720.00

_____ Professional ½ hour lesson=\$360.00

_____ Professional 50 min. Group lesson=\$180.00

_____ Pre-Professional ½ hour lesson=\$240.00

TOTAL AMOUNT DUE: \$ _____

WAIVER and POLICY STATEMENT

_____ has my permission to participate in lesson through the Carey Arts Academy at the Winters School of Music on the campus of William Carey University. I understand that there are risks, and that I/my child participate in this program at my/his own risk and that William Carey University will not be responsible for any personal injuries, property damage, or related expenses, including but not limited to medical expenses, incurred as a result of my or my child's participation in this class.

I understand and accept the policies of the Carey Arts Academy as stated in the accompanying pages and accept responsibility for charges and fees incurred.

I will allow the Carey Arts Academy to use photographs, video, and recordings made at WCU or at CAA functions, involving the student hereby enrolled.

Student's Signature or parent/guardian signature if student is under 18.

NAME (print)_____

SIGNATURE_____

REGISTRATION FORM MUST BE COMPLETED AND RETURNED TO:

William Carey University
Winters School of Music, CAA Administrator
498 Tuscan Avenue Box 14
Hattiesburg, MS 39401

E-Mail: CAA@wmcarey.edu

Phone: 601-318-6175 or 601-318-6178

Fax: 601-318-6176

FOR OFFICE USE ONLY: Date Registration form Received _____

Date NON-FEFUNDABLE ANNUAL REGISTRATION FEE Received _____

Assigned Teacher _____

Date Payment Received: _____