



SUZUKI VIOLIN CENTER

Registration Form Summer 2005

Please print clearly and sign at the bottom. Complete one form per student.

STUDENT INFORMATION:

New Continuing Male Female

Student Name _____ Age _____ Birthdate _____

Home Address: _____

City: _____ State, Zip: _____

Home Phone: _____ Cell Phone: _____

PARENTAL INFORMATION:

Father/Guardian Name: _____ E-mail: _____
First Last

Mother/Guardian Name: _____ E-mail: _____
First Last

Session 1
July 18th – July 30th

Tuition: \$ 245

Session 2
July 25th – August 6th
3 weeks Total

Tuition: \$ 245

Both Sessions
July 18th – August 6th

Tuition: \$ 360

POLICIES, PROCEDURES AND GUIDELINES

- Registration is based on a first-come first-served basis. Classes are small, so early registration is highly recommended.
- A **minimum registration deposit of \$ 50** is required along with a completed, signed registration form to ensure space in the program. The balance of fees is due on or before the first day of class.
- The Suzuki Violin Center reserves the right to cancel any class due to inadequate enrollment at any time with full refunds provided.
- Accounts will be charged a \$30 fee for any returned checks.
- I acknowledge that my child may be photographed during Suzuki Violin Center classes and these photographs may appear in promotional materials unless otherwise specified.
- A parent/caregiver must remain on the premises at all times. You are fully responsible for your child and/or yourself while at Suzuki Violin Center. You agree that none of Suzuki Violin Center's officers, owners, teachers, employees are liable for any accidents or injuries whatsoever incurred at the studio location or performance venues.

PAYMENT OPTIONS

Option I: Full Payment of \$ 245 for each 2-week session.

Option II: \$ 50 Deposit, plus the remainder of \$ 195 due on or before the first day of the course.

Session 1:
There is a \$ 15 late fee for registration made after June 15th

Session 2:
There is a \$ 15 late fee for registration made after June 30th

PAYMENT TOTAL

Tuition Deposit: _____
Late fee (if applicable) _____
Total Enclosed: _____

Please make checks payable to: Agnieszka Kowalsky

Please complete and sign the form, and mail it along with your deposit check to: Agnieszka Kowalsky, Suzuki Violin Center, 203 Yoakum Parkway Apt. #225, Alexandria, VA 22304

Signature of Parent/Guardian: _____ Date: _____