

BUTLER COMMUNITY ARTS SCHOOL

REGISTRATION for Music for Little Mozarts

Student Name: _____ Age _____
Parent(s) Name: _____
Address: _____
Home phone: _____ Work phone: _____
Cell phone: _____ E-mail: _____
Emergency contact, if different from parent (name and phone) _____

Term (check one): _____ Fall _____ Spring _____ Summer

MUSIC FOR LITTLE MOZARTS (group piano): Tuition \$120; Materials fee \$25; **TOTAL \$145**
(For families that qualify for free/reduced lunch, the tuition is waived and only the materials fee is due).

Tuition is payable by the term and is due according to one of the payment schedules below.

Tuition may be paid in 1 or 2 payments.

First payment is due by the first lesson, or may be returned with this form.

Check which payment option you wish to use:

Payment options: _____ 1. Full amount by first lesson.
_____ 2. Half by first lesson and half by mid-term.

TOTAL ENCLOSED: _____ (Please make check payable to BUTLER UNIVERSITY)

PLEASE NOTE:

Late payment fee is \$10.00 per month. Returned check fee is \$20.00 plus any bank charges incurred.

I understand and agree to abide by the policies and procedures of the Butler Community Arts School.

I understand and agree that I am responsible for the full tuition, with no deductions available for missed lessons. No bills will be sent.

RELEASE: This form serves as a release and consent to allow Butler University and/or the Butler Community Arts School to use my child's image and likeness in either photographic or video format. I understand that it may appear in promotional material for the university that may be distributed nationally and may be used over an extended period of time. I have not requested, nor do I expect monetary compensation for granting Butler University the right to use my image as stated.

Waiver of Liability and Medical Treatment Authorization: I/we do hereby present to Butler University this Waiver of Liability/Medical Treatment Authorization for the above participant who is enrolled in the Butler Community Arts School under the auspices of Butler University and do hereby waive any and all rights and claims against Butler University, its trustees, officers, agents and employees, arising in or out of the above's participation in this program. It is agreed that this waiver of liability is submitted to Butler University as an inducement to enroll the above named student in said program and this agreement is signed as the undersigned's free and voluntary act with full knowledge of the contents thereof.

Signature: _____ **Date:** _____

Please return registration form to:

Butler Community Arts School, attn. Karen Thickstun
Butler University / JCFA (Lilly Hall, room 267)
4600 Sunset Avenue

Indianapolis, IN 46208