

## **ROCK SCHOOL! 2019 REGISTRATION FORM**

Dear ROCK SCHOOL! registrant,

Thank you for your participation in the ROCK SCHOOL! program at Lexington Music Education. We at Lexington Music Education are sincerely looking forward to working with you! Please fill out this form carefully and return it to your instructor (if already enrolled) or if you are a new student mail it to the following address (**PLEASE PRINT CLEARLY!**):

The Lexington Music Education ROCK SCHOOL! program

## c/o Mr. Chris Mattingly 413 Westerfield Way Lexington, Kentucky, 40503

After we receive your registration form and deposit payment we will contact you to set the schedule and roster for your class. If you have any questions about ROCK SCHOOL! or registration, please contact us at the following phone number: 859 513 0304 or via email at mattingly.chris@twc.com.

Visit www.lexingtonmusiceducation.com for scheduling details for the ROCK SCHOOL! Program.

Name:
Instrument:
Age:
Parents/Guardian:
Email address:
Home Phone:
Cell Phone:
Semester of class
Spring 2019 (5 months/20 classes) Summer 2019 (3 months/12 classes) Fall 2019 (4 months/14 classes) Tuition is \$95.00 per month plus a \$15.00 registration fee. Spring semester 2019: \$490.00 (5 months plus registration) Summer semester 2019: \$300.00

(3 months plus registration) Fall semester 2019: \$395.00 (4 months plus registration)

Include a check for \$110.00 for the first month of class as deposit to reserve your spot in the class. Participants in ROCK SCHOOL! can pay the remaining tuition in full at the beginning of the semester or make payments monthly at \$95.00 per month. Monthly payments are due at the beginning of the first class of each month. Checks only. Make all checks payable to "Lexington Music Education." All sales are final, no refunds once payment is received.

By signing this document you agree to pay for the entire semester of classes and agree to guarantee your child will participate in the program (rehearsals and performances) in its entirety for the entire semester for which you have registered.

Signature:\_\_\_\_\_

Printed name:\_\_\_\_\_

Date: