

Beacock Music Home School Enrichment Course Registration Form

(Please Print) Please note if your form is not filled out completely it may delay your registration. Each child must have a completed registration form. Thank You!!!

Student Name:		Student Grade:
Parent Name:		
Phone Number:		Cell Phone:
Address:		
City:	State:	Zip:
Emergency Contact Name and Phone:		

Please check which enrichment course this student is enrolling in. Students may sign up for all of the courses, or pick and choose which course they would like to participate in.

Kindergarten through Fourth Grade

Tuesdays 2:15-3:15	Fridays 11:45-12:45	Date Range	Theme
		October 5 th to October 29 th	African
		November 3 rd to December 1 st (No class Thanksgiving week)	Spanish
		January 4 th to January 28 th	Hawaiian
		February 1 st to February 25 th	Classical
		March 1 st to March 25 th	Caribbean/Cajun
		April 5 th to April 29 th	American
		May 3 rd to May 27 th	Blues/Jazz

Fifth through Eighth Grade

Tuesdays 2:15-3:15	Fridays at 1:00-2:00	Date Range	Theme
		October 5 th to October 29 th	Renaissance
		November 3 rd to December 1 st (No class Thanksgiving week)	Baroque
		January 4 th to January 28 th	Classical
		February 1 st to February 25 th	Romantic
		March 1 st to March 25 th	Impressionist
		April 5 th to April 29 th	Modern
		May 3 rd to May 27 th	American Civil War

(Please turn form over- more information on the back)

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Payment Information:

PLEASE CIRCLE WHICH CARD YOU WILL BE USING:			
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Card Number:			
Expiration Date:			
Tuition is automatically deducted on the 25th for next month's course. Tuition for the enrichment courses is non refundable. The payment will be \$35.00 for each course			

Student & Parent Contract:

I _____ (students name) hereby agree to participate in _____ (class name). I understand that once I enroll in these classes, I agreeing to pay for them whether the student attends, all, part or none of the course. I understand and agree that the payment for this class will be done automatically on the 25th of each month for the following month's class. This will be done from a debit or a credit card. I also understand that I am making a financial commitment for the duration of the enrichment course. I understand that there is a 20 student minimum enrollment for these classes, and if that minimum is not met, one or all enrichment courses may be cancelled. In the event of any class cancellation, I understand my card will not be charged, or it if was, I will be credited back.

(Student Name)

(Parent Signature)

(Teacher Signature)

Office Use Only: Book _____ Comp. Reg. _____