

Rockin' Kidz Music Co.
Class Registration & Enrollment Agreement

Student First Name _____ Last Name _____
 Additional Family Member(s) _____
 Date of Birth _____ Grade Level _____ School Name _____
 Parent or Guardian Name(s) _____
 Mailing Address _____ Zip Code _____
 Email _____@_____ Phone Number (____) _____ - _____
 Lesson Type(s)(i.e.violin, drums, guitar, voice, piano, art, flute, etc., _____
 Lesson Day(s) _____ Lesson Time(s): _____ Teacher: _____
 Lesson Start Date: _____ Lesson Location: _____
 Notes _____

Program Plan: (Circle one) SILVER GOLD PLATINUM DIAMOND
Payment Schedule: (Circle one)
 -Annual (48 lessons per year) -Semester (24 lessons per 6 months)
 - Quarterly (12 lessons per quarter) -Month-to-Month (4 lesson per month)
Lesson Type Private ___ Semi-Private ___ Group ___ Single Class only ___

- Rockin' Kidz Payment Policies**
- Initial Tuition payment is due 24 hours before the first lesson and registration is only confirmed if payment is received and enrollment agreement is signed.
 - Payment is due on the 1st of each month according to your monthly, quarterly, semester or annual anniversary payment schedule and current pricing. *A \$25.00 late fee will be assessed if payment is received after the 10th business day.*
 - **Automatic billing is required for the month-to-month program.** (fill out form on back)
 - **Registration** There is a registration fee per family of \$95.00. _____(Initials)

- Non-Transferable**
- Lesson plans are non-transferable. For example; a friend or a sibling cannot take over your lesson plan.

- Make-up Policy**
- NO monetary credits are granted for missed classes by the student.
 - 24 hours notice is required in rescheduling a lesson (applies to private lessons) **or you will be charged for the class and no make up assigned.**

- Substitute Teachers**
- Rockin' Kidz reserves the right to re-assign students to a different teacher or class if the current teacher's availability or student schedule changes. _____(Initials)

Refund Policy
 I understand that no refunds will be issued after first class meeting _____ (Initials)

- Cancellation Policy**
- We require a 30 days notice in writing to billing@rockinkidz.com to discontinue your plan or to change your plan type. This contact is ongoing, year round, and is automatically renewed according to the payment plan selected above until written notice is received.
 - Students on the Quarterly, Semester and Annual programs are obligated for the entire term of their agreement. Notice to discontinue your contract, will be accepted 30 days before the end of your term only.
 - **No refunds will be issued if the student cannot attend remaining lessons on plan and any unused lessons will be forfeited.** _____ (Initials)

By signing below, I agree to and understand the Rockin' Kidz Policies stated above.

Customer Signature _____ **Date** ____/____/____

Rockin' Kidz Music Company
Recurring Payment Authorization Form

For your convenience, Rockin' Kidz offers an automatic payment option. Your card will be automatically charged according to the arrangement outlined below. You may cancel this feature by contacting billing@rockinkidz.com. Allow 2-3 weeks for processing.

Customer Information

Customer Name (or responsible party): _____
Student (Account) Name _____
Phone _____ Email _____

Payment Information

I authorize, **Rockin' Kidz Music Co.** to automatically bill the card listed below as specified.

Product/service description _____
Recurring amount _____

Frequency (Select one)

One Time__ Monthly__ Quarterly__ Semi-Annually__ Annually__
Start on ____/____/____ End on ____/____/____ No end date _____

Account on File

Please check the box below, if you'd like to additionally authorize Rockin' Kidz Music CO. to keep this card on file to bill, only at customer request, for other items sold at Rockin' Kidz store, such as books, materials, instruments etc.. YES or NO

Billing Account Information

Name as it appears on the Card _____
ACCOUNT NUMBER _____
EXP. DATE ____/____ CCV ____ Billing Zip _____

check here if you'd like to receive an email when your card is charged. (make sure email is correct above.

By signing below, I agree to the Rockin' Kidz payment plan and have read and understand all the terms and conditions outlined in this agreement.

Customer's Signature _____ Date ____/____/____

THANK YOU!

Rockin' Kidz Music Co. (408) 402-5087 15694 Los Gatos, Blvd. Los Gatos, CA 95032
www.rockinkidz.com