

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. drums, guitar, voice, piano, art, flute, etc.) _____
 Lesson Day(s) _____ Lesson Time(s): _____ Teacher: _____
 Lesson Start Date: _____ Lesson Location: _____

Program Plan: (Circle one) **SILVER** **GOLD** **PLATINUM** **SINGLE**
LESSON

Lesson Type: Private ___ Semi-Private ___ Group ___ Single Class only ___
Lesson Duration: 30 minutes ___ 45 minutes ___ 60 minutes ___

Select Payment Schedule

Monthly (due monthly on the 1st of each month) _____

Quarterly (due in full every 3 months) _____ **By Semester** (due in full every 6 months) _____

>All plans are based on a year round calendar totalling 48 lessons per year.
 >Discounts applied for the Quarterly (5%) and Semester (10%) plans.
 >Students first payment may be prorated to include first full payment plus partial month.

_____ (Initials)

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** payment schedule and subject to 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)

Calendar Holidays 2019/2020: 9/2, 11/28, 11/29, 11/30 and 12/1, 12/23, 12/24, 12/25, 12/26, 12/27, 12/28, 12/29, 12/30, 12/31 & 1/1, 5/25, 7/1, 7/2, 7/3 & 7/4. * Students will have 4 lessons/weeks off per year which has been calculated and included in the rates. There is an additional floating week that students may use per year for a vacation, etc...

Make-up Policy: No monetary credits are granted for missed classes by the student.

- 24 hours notice to our office by email or voicemail (not to instructor) is required to reschedule a lesson **or no make up will be assigned.**
- **Up to 1 make up will be granted per quarter based on availability.**
- **No make ups are necessary for Rockin' Kidz Holiday dates.** _____ (Initials)

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 the first class meeting. _____ (Initials)

Cancellation Policy

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

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.

Customer Information

Customer Name (or responsible party): _____

Student (Account) Name _____

Phone _____ Email _____

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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__

Start on ____/____/____ End on ____/____/____ No end date _____

Billing Account Information

Name as it appears on the Card _____

ACCOUNT NUMBER _____

EXP. DATE ____/____ CVV ____ Billing Zip _____

Check here if you'd like to receive an emailed receipt when your card is charged.

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 15559 Union Ave #527 Los Gatos, CA 95032

Billing Inquiries: billing@rockinkidz.com www.rockinkidz.com