

FBC Matthews Fine Arts Academy
Enrollment Form

First Name: _____

Last Name: _____

Gender: Male _____ Female _____

Date of Birth: (MM/DD/YYYY) / / _____

School Grade: _____

Address: _____

City: _____ **State:** _____

Zip Code: _____

Student Home Phone: _____

Student Daytime Phone: _____

Parent/Emergency Contact: _____

Emergency Home Phone: _____

Emergency Cell Phone: _____

Primary Email (Parent or Adult Student): _____

Secondary Email (Student): _____

Area of Study: _____

Lesson for: 30 min. (\$22) _____

45 min. (\$33) _____

60 min. (\$44) _____

I am a new FBCM FAA Student: _____ (\$25)

Fee waived Summer 2011

I am a returning FBCM FAA Student: _____

First enrolled in: _____

***** Parent/Guardian or adult student please read and sign:**

“I understand that I am committing to pay the entire semester’s tuition amount (in monthly installments), whether or not I attend the scheduled lessons or classes”

(Only two make-up lessons per music student are allowed each semester. No group classes can be made-up.)

Signature: _____

“I understand that no refund can be given for missed lessons or classes except in the case of serious illness/injury, family deaths, or relocation outside the greater Charlotte area.”

Signature: _____

“I have read and agree to abide by the Policies and Procedures of First Baptist Church of Matthews Fine Arts Academy.”

Signature: _____