



**Music Lessons**

**Rehearsals Classes**

**2008 Registration Form**  
17802 134th Ave NE Suite #16  
Woodinville, WA 98072  
Phone 425 402-3700 Fax 425 402-3744  
www.spotlightstudiosnw.com

Parent/Guardian: \_\_\_\_\_ Other Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Student Information:**

Name \_\_\_\_\_ Instrument: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender M F

**Group Instruction:**

Class Name \_\_\_\_\_ Start Date \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Instructor \_\_\_\_\_ Tuition Due upon Registration \_\_\_\_\_ PMT REC \_\_\_\_\_

**Attendance:** Regular attendance is expected. Students are charged for all activities for which they are registered, including those missed due to student absence. As a courtesy to the instructor or the group, please notify instructor or Spotlight Studios in advance of an absence prior to the lesson. Missed lessons or rehearsals due to student absence will not be made up and there will be no refund or tuition credit issued for student absences. In the event of teacher absence, a make-up class will be scheduled.

**Tuition:** Group activities must be paid in full prior to the first lesson, rehearsal, or activity. For current tuition rates, contact the instructor or visit [www.SpotlightStudiosNW.com](http://www.SpotlightStudiosNW.com). After a student has registered for an activity, Spotlight Studios has committed space and time for that student regardless of student attendance. There are no refunds for student absences.

**Groups/Classes/Ensembles:** Students enrolled in group lessons, performance ensembles or other group activities are required to complete a registration form at the beginning of each course. There will be no automatic registration or re-registration for group activities. **In the event the minimum enrollment is not met, the student will be notified at least 48 hours in advance and a refund will be issued.**

**Course Withdrawal:** Withdrawal notice of 10 days or less will receive 50% credit or refund. No refunds will be issued on the day of or after the first meeting.

**Student and Parent/Guardian Agreement**

1. I have read and agree to accept the terms and conditions outlined above.
2. I give permission to any Spotlight Studios representative to seek medical attention for my child or myself in the event of a medical emergency. I will be responsible for any and all medical and emergency transport expenses incurred

**Responsible Person Signature Required** This form must be signed and dated by the person accepting the terms and responsibilities as stated this form. Registrations received without a signature will not be processed.

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