

REGISTRATION FORM 2014-15

Please complete the registration form completely. In order to register your child for classes, we must also recieve a signed copy of the **Student Medical Form** and **HSA Enrollment Policies Agreement**.

OFFICE USE ONLY	Check all that	apply:	
	New	Full Year (32 weeks)	Group Classes
Date Received	Returning	Fall Only (16 weeks)	Private Lessons
Received by	1 199	Spring Only (16 weeks)	s)
		Summer	

STUDENT INFORMATION

A separate registration form should be completed for each member of the family registering for classes. Please note that an asterisk (*) indicates information that is required for students under the age of 18.

Last name	*		First name*		
School*			Grade*		
Ethnicity:	African American/Bl	ack	Caucasian	Native Am	erican
	🗅 Asian	C) Hispanic	❑ Other:	
Gender:	🗅 male 🛛 female	Age: yrs old	Date of Birth:	: / /	
CONTACT	INFORMATION				
Address				Apt #	
City		S	State	Zip	
PARENT/	GUARDIAN INFORMAT	ΓΙΟΝ			
Parent or g	guardian 1* (Primary Co	ntact)		Relationship*	
Phone*		Email*		Company	
Parent or e	guardian 2*			Relationship*	
Phone*		Email*		Company	

CLASSES

For PRIVATE LESSONS, please fill out additional information on page 3.

CLASS NAME	DAY	TIME	COST

TERMS AND CONDITIONS

Academic Term: Tuition is charged by individual semesters or full year. Tuition is pro-rated for students entering after the start of the school year.

Late Payment Fee: All tuition payments for the Fall Semester students are due by October 15, 2014. For Spring Semester, tuition payments are due my March 15, 2015. Full year tuition is due by January 15, 2015. Late payments will result in a \$15 late charge applied monthly. Accounts more than 90 days overdue will be sent to collections.

Withdrawal Policies and Fees: Once a student has registered, he/she is responsible for the payment for the entire semester. Students wishing to withdraw from a course must submit a request in writing to the HSA Registration Manager at register@hsanyc.org within the first two weeks of the semester. If the student has paid in full, he/she will receive a 75% refund of the tuition. For students not paid in full, he/she will be charged 25% of the full tuition rate. After the first two weeks, no other refunds will be made. The registration fee is non-refundable.

For private lessons: If a student wishes to drop or change the duration of their private lessons, it must be done within the first two sessions. No class changes or tuition adjustments will be made after the first two class sessions. Notification of any withdrawal or change must be made in writing to the Registration Manager, without exception.

Program Cancellations: HSA reserves the right to cancel classes with insufficient (low) enrollment. In the event a class is canceled, you will be notified and given an opportunity to transfer to another class. If you do not enroll in another class, you will receive a credit which can be applied for the next semester or you will receive a pro-rated refund.

METHOD OF TUITION PAYMENT

HSA offers convenient ways to pay your tuition. Please select a preferred method:

□ PAY IN FULL Please charge credit card below for full amount. □ APPLYING FOR FINANCIAL AID (Deadline July 15)*

NEED PAYMENT PLAN

*Does not release you from payment obligation; requires credit card & autopayment plan enrollment form

Please note the registration fee is non-refundable. Payments can be submitted in person or through our online system (an electronic receipt will be sent).

PAYMENT DUE				OFFICE USE ONLY
Total Tuition and Fees				\$
Registration Fee: (non-refun	<i>dable)</i> 🔲 \$40 single 🛛 \$5	0 family		\$
Payment Plan Setup Fee	Check if requesting p	ayment plan		\$
Discounts: 🔲 10% Siblir	ng 🔲 Early Bird - 5% OFF befo	re July 15		\$
			GRAND TOTAL	\$
Indicate payment method:	 Cash (in person only) Visa I indicated below to be charge 	 Certified Check MasterCard ad in the amount of \$ 	☐ Money Orde ☐ Discover	ar 🖵 AMEX
Card #			Exp	. Date
Name (as it appears on care	(k		Sec. Code	
Billing Address				
City		State		Zip
Cardholder Signature			Dat	е
reason during the term, I am rea		uition, charges and fees. I un	derstand that regard	withdraws from the school for any dless of the financial aid package the es approval of these terms.
Signature of Parent/Guardian	:		Dat	e:
	mmunity benefit organization and r making a donation today with yo			offer quality arts education to our ount: \$
OFFICE USE ONLY Initial & Date: Entered i	nto MB Paid Reg	Fee Invoice	Created	_

PRIVATE LESSONS

Teacher assignment is made in consultation with HSA. For new students, an interview with the Music Program Director may be required. Please indicate preferred instrument, teacher, lesson length, and student availability below. Please note that an asterisk (*) indicates information that is required for students under the age of 18.

Student Name				Age	
New Private L	esson Student	Returning Student	C Keep previous scl	nedule Day	Time
Instrument		Requeste	d Teacher		
Lesson Length:	🖵 30 min (4-8 ye	ears old) 🛛 60 min (8-17 year	rs old) Level: 🛛 Beç	ginner 🛛 Interme	ediate 🛛 Advanced
Indicate student	availability below b	ased on your preferred day(s)			
	Tuesday	Wednesday	Thursday	Friday	Saturday
Could arrive by:					
Must leave by:					

Please allow at least 7 business days for your lesson to be scheduled. You will be contacted by phone once your child's lesson is scheduled and confirmed with the instructor.

OFFICE USE ONLY	
Teacher	
Day	Time
Start Date	
Entered by	

Submit completed form via mail, fax, drop-off in person or scan and email to register@HSAnyc.org