



Registration Form

This form must be signed at the bottom for acceptance. Your privacy is important to us. Your information will not be shared. Your information is for emergency / liability purposes

Mother's / Guardian Name _____ Father's Name _____

Street Address _____ City _____ Zip Code _____

Home Phone _____ Cell _____ Wk _____

EMAIL _____

Emergency Contact _____ Phone Number _____

People given permission to pick up child (ren):

Name _____ Relationship _____ Phone number _____

Name _____ Relationship _____ Phone number _____

CHILDREN:

Child's name _____ DOB _____ Child's name _____ DOB _____

Child's name _____ DOB _____ Child's name _____ DOB _____

Please list Allergies or medical Conditions:

Are there any medications that need to be dispensed while at Spark? Yes _____ No _____ if yes, please explain

How did you hear from us? Please allow us the opportunity to thank them! Circle all that apply:

Through a friend (name) _____ Flyer: (where) _____

Online: (where) _____ Sign _____ Walk-in _____ Other _____

Classes interested in: _____

SPARK FAMILY ENRICHMENT CENTER POLICIES:

- I understand that I am responsible for full payment before each class
- I will notify my Instructor of any physical limitations / medical issues I / my children may have
- I understand that I give Spark! Family Enrichment Center permission to take photos / videos / of me / my children & that may use these photos / videos in any media they find suitable.
- I understand if I am unable to attend a class that I have previously scheduled, I must inform the Spark! Location directly at least 1 hour prior to class for classes and 24 hours for tutoring & private instructions or be charge the full amount for the lesson / class.

I have read and accepted all Spark! Family Enrichment Center Policies. I understand that there are certain risks and dangers associated with the activity and use of the facilities and these risks have been fully explained to me. I fully understand the danger involved. I fully assume the risk involved as acceptable to me and I agree to use my best judgment in undertaking these activities and follow all safety instructions.

I wave and release Spark! Family Enrichment Center for any claim for personal injury, property damage, or death that may arise from my and my child's use of the facilities or from my child participation in the activities or instruction.

I am a competent adult , and I assume these risks of my own free will. If a student is under 18 years of age, parent or legal guardian must sign.

Parent / Guardian Printed name _____ Signature _____

Student Printed name _____ Signature _____

FOR OFFICE USE: _____ CC _____ QB _____ DATE _____ STAFF INITIAL _____

SPARK MUSIC LESSONS POLICY

PUNCTUALITY AND ATTENDENCE

- It is very important for students to arrive on time for their scheduled lesson. Lessons are scheduled back to back; therefore, we are unable to run into the next student's lesson time.
- Consistent attendance is vital to success. With this in mind, please attend all scheduled lessons.

TUITION & PAYMENT

- Lessons are:
 - \$28.00 per 30 minutes
 - \$50.00 per 60 minutes
- Siblings 10% discount per lesson per child is available for families.
- \$20.00 per 30 minutes (ASP kids)
- \$38.00 per 60 minutes (ASP kids)
- Lesson tuition for 4 or 5 weeks must be paid by the first scheduled lesson of the month, no lessons will be given if tuition is not pre-paid.
- Acceptable forms of payment are cash, check or credit card. There will be a \$30 charge added to all returned check.
- A credit card must be placed on file and will be charged at the time of the first scheduled lesson for each month.

CANCELLATION

- Spark requires a 24 hour minimum cancellation notice. Voicemail is on at all times to take messages after hours and on the weekends.
- If 24 hour notice of cancellation is not given then the student forfeits the lesson and no credit or make-up lesson will be issued.

ABSENCES

- In case of emergency, same day cancellation will be offered a make-up lesson, there will be no more than 1 make up lesson every 2 months.
- Please keep in mind that you may lose your scheduled time if you miss more than 2 lessons.

- Students are required to give 2 weeks' notice when they take a vacation or will be absent for more than 2 weeks. The front desk needs to be notified of all absences and all make up lessons will go through the Spark front desk and not to the instructor so the proper record can be kept.
- All make up lessons can be taken in the same month as the absence.
- There will be 'no make-ups' of 'make-ups'. The student must show up for the make-up lesson or it will be forfeited. In the event of an instructor's absence a credit will be issued.

SCHEDULED SPOTS

- Irregular attendance may result in loss of schedule spot.

TERMINATION & REFUNDS

- Credits or refunds will not be given for missed lessons.
- If the student decides to discontinue lessons prior to the completion of the month, no refunds will be given for the remaining lessons.

UPON ENROLLMENT AND RECEIPT OF THIS LESSON POLICY, THE STUDENT AND PARENT/GUARDIAN AGREE TO THE ABOVE TERMS.

DATE

STUDENT NAME

DATE

PARENT/GUARDIAN

Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Automatic Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Automatic Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize **Spark Family Enrichment Center** to charge my credit card (full name) indicated below for \$ _____ for Monthly Music Lessons.


Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Credit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name _____	
Account Number _____	
Exp. Date _____	
Security Code _____	

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Spark Family Enrichment Center** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **Spark Family Enrichment Center** may at its discretion attempt to process the charge again within 30 days, and agree to an additional **\$35.00** charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

Spark! Family Enrichment Center – 1425 Tuskawilla Rd. Winter Springs, Florida 32708