

2017-2018 Term  
AMSP Student Enrollment



Instructor(s): \_\_\_\_\_

STUDENT INFORMATION

Student Name (1)			Instrument		
School Attending			Grade in school		Age
Lesson Location			Instructor		
Do you participate in AMSO?	YES / NO		Rent instrument from AMSP	YES / NO	

Student Name (2)			Instrument		
School Attending			Grade in school		Age
Lesson Location			Instructor		
Do you participate in AMSO?	YES / NO		Rent instrument from AMSP	YES / NO	

Student Name (3)			Instrument		
School Attending			Grade in school		Age
Lesson Location			Instructor		
Do you participate in AMSO?	YES / NO		Rent instrument from AMSP	YES / NO	

Student Name (4)			Instrument		
School Attending			Grade in school		Age
Lesson Location			Instructor		
Do you participate in AMSO?	YES / NO		Rent instrument from AMSP	YES / NO	

PARENT INFORMATION

Parent (Acting Guardian)			
Relationship to students		Home Phone	
Mailing Street Address		Work	
City/State/Zip		Cell/Mobile	
Email Address			
Include in the weekly GNMC email with concert news and AMSP updates?			Y / N

This information is true to the best of my knowledge. I authorize my student to participate in AMSP activities and realize that photos of such activities may be printed in local newspapers and used on website, marketing and AMSP facebook updates.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

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Student Name(s): \_\_\_\_\_

**PAYMENT INFORMATION (Payments/Checks made to Garth Newel Music Center)**

Total Fees for 2016-2017	\$	2018 Summer Option	\$
Scholarship Amount:	\$		
		Remaining Balance	
Payment Options	<i>(please select one below)</i>		
<input type="checkbox"/> One Payment in full*		Due by 9/1/2017	\$
<input type="checkbox"/> Two installments*		Due by 9/1/2017 and 1/15/2018	\$
<input type="checkbox"/> Downpayment with monthly payments		Due by 9/1/2017	\$
<i>(monthly payments must be cash or check)</i>		Monthly payments Beginning 10/5/17	\$
<input type="checkbox"/> Downpayment with monthly auto-debit*		Due by 9/1/2017	\$
Monthly payment \$	+ \$2 transaction fee	Total monthly auto-debit beginning 10/5/17	

*\*All electronic transactions include a \$2 per transaction fee.*

For any credit transactions, please fill out the following:

Credit/Debit Card Type: VISA    MASTERCARD

Card Number: \_\_\_\_\_ 3 digit code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_ Zip: \_\_\_\_\_

I authorize Garth Newel Music Center to charge this card for:

\_\_\_ Down Payment or payment in full (upon receipt)                      Amount: \$ \_\_\_\_\_

\_\_\_ Auto-Debit Monthly Payments  
    *on the 5<sup>th</sup> day monthly, October 2017 through end of term*                      Amount: \$ \_\_\_\_\_

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

**OFFICE USE – PAYMENTS RECEIVED**

Amount	\$	on Date	Amount	\$	on Date
Monthly	\$	Received : __ Oct __ Nov __ Dec			__ Jan __ Feb __ Mar __ April __ May
		Optional Summer: __ June			

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EMERGENCY MEDICAL CARE FORM

Parent/Acting Guardian Name		Relationship	
Cell Phone	Home	Work/Other	
Emergency Secondary Contact		Relationship	
Cell Phone	Home	Work/Other	
Student Name (1)		Medical Insurance?	YES / NO
Doctor Name		Office Phone	
Please describe Medical Conditions, Allergies, Regular Medications or any special needs below:			
Student Name (2)		Medical Insurance?	YES / NO
Doctor Name		Office Phone	
Please describe Medical Conditions, Allergies, Regular Medications or any special needs below:			
Student Name (3)		Medical Insurance?	YES / NO
Doctor Name		Office Phone	
Please describe Medical Conditions, Allergies, Regular Medications or any special needs below:			

*\* for more than 3 students please use a second form*

Garth Newel Music Center, AMSP, Clifton Forge School of the Arts, Masonic Theater, and Highland Center staff has my permission, in a medical emergency where I cannot be contacted to take my child to a medical facility whose medical staff has my authorization to provide medical treatment that a physician deems necessary for my child's well being.

I also authorize Garth Newel Music Center, AMSP, Clifton Forge School of the Arts, Masonic Theater, and Highland Center staff to release my child to our chosen emergency secondary contact person in any case where I cannot be contacted.

Parent/Guardian Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_