

AMSP Student Enrollment



Instructor(s): _____

STUDENT INFORMATION

Student Name (1)		Instrument	
School Attending		Grade in school	Age
Lesson Location		Instructor	

Student Name (2)		Instrument	
School Attending		Grade in school	Age
Lesson Location		Instructor	

Student Name (3)		Instrument	
School Attending		Grade in school	Age
Lesson Location		Instructor	

Student Name (4)		Instrument	
School Attending		Grade in school	Age
Lesson Location		Instructor	

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: _____

AMSP Payment Information

Student Name(s): _____

(Payments/Checks made to Garth Newel Music Center)



Total Year Fees	\$	AMSP TERM:	
Scholarship Amount:	\$		
Remaining Balance	\$		
Payment Options	<i>(please select one below)</i>		
One Payment in full*	Due in 9/15	\$	
Two installments*	Due 9/15 & 1/15	\$	
Monthly payments Due by 15th	Monthly payments	\$	
Monthly auto-debit*			
Monthly payment \$		Total monthly auto-debit	\$

For any credit transactions, please fill out the following:

Credit/Debit Card Type: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card Number: _____ CV code: _____ Exp. Date: _____

Billing Street Address: _____ Zip: _____

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

___ Payment in full (upon receipt) Amount: \$ _____

___ Initial payment (first/last month) Amount: \$ _____

___ Auto-Debit Monthly Payments
on the 15th day monthly, October through end of term Amount: \$ _____

Signature: _____ Date: _____

I understand my fees, due dates, and policies & fees for withdrawal from the program. I agree to pay these fees in a prompt manner as agreed above:

Signature: _____ Date: _____

OFFICE USE BELOW – PAYMENTS RECEIVED

Monthly \$	<input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June
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AMSP Student Medical Form

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 _____