

## SUMMER YOUR WAY 2018 June 4 – August 30

Student First/Last Name		Today's date	
Date of Birth	Grade	(as of Fall 2018)	
Parent or Caregiver		Home Phone	
Address			
Work or Cell Phone	Parent's Email		
Does your child have any special needs of which we should be aware? ☐ Yes ☐ No (If "yes", describe on the back, including any suggestions for how we may best help and support.)			
Does your child have any food allerg	ies? □ No □ Yes- Please	list	
Scheduling			
Type of Lesson: □PIANO □FLUTE	: OVIOLIN OVIOLA OVOIC	E DUKULELE	□GUITAR (please select one)
6 30-minute lessons/1 Summ	ner Music Party - \$30 charged r ner Music Party - \$55 charged r ner Music Party - \$80 charged r	monthly	
Summer Music Party Date Choices 2Wednesday, July 18 5:00 pmWednesday, August 22 5:00	1		
Days You Are Available:	<u>Time of</u>	Day Preference	9:
Teacher/Location Preference: ☐ Miss Jessica at First Presbyterian Church ☐ Miss Nora at First Presbyterian Church ☐ Miss Johanna at First Presbyterian Church ☐ Mr. Cory at First Presbyterian Church OR ☐ Mr. Cory at St. James Evan. Lutheran Church in Verona  Payment Information  Automated Monthly Credit Card/Debit Card Payment ☐ Visa ☐ AMEX ☐ MasterCard ☐ Discover			
Card #		Exp	Security Code
Name as it appears on card			
	OR		
Automated Monthly Deduction from S	Savings/Checking Acct:	SAVINGS	□ CHECKING
Name on Account:	Bank Routing #: _		Bank Acct#:
Fee will be charged on the 1 <sup>st</sup> of each month			
Signed		D	ate