

**DAVID K'S MUSIC SCHOOL, INC**  
DbA Almaden School of Music, Art & Dance  
5353 Almaden Expressway # 12  
San Jose, CA 95118  
(408) 267-3651

DATE \_\_\_\_\_

### APPLICATION FOR ENROLLMENT

Student's Name: Last \_\_\_\_\_ First \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female  
Month/Day/Year

Address: \_\_\_\_\_  
Street city zip

Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

Name of Parent/Legal Guardian \_\_\_\_\_  
(If under 18)

EMAIL ADDRESS: \_\_\_\_\_ May we contact you by email? YES/NO

Emergency Contact: Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
Street city zip

How did you hear about us?  Newspaper  Friend  Radio  Internet  Yellow Pages  Other

PLEASE CHECK AREAS OF INTEREST. (MARK ALL THAT APPLY.)

#### INDIVIDUAL MUSIC LESSONS

#### GROUP LESSONS

- |                                      |                                   |                                   |   |                                 |                                  |
|--------------------------------------|-----------------------------------|-----------------------------------|---|---------------------------------|----------------------------------|
| <input type="checkbox"/> Piano       | <input type="checkbox"/> Guitar   | <input type="checkbox"/> Violin   | <input type="checkbox"/> Viola                | <input type="checkbox"/> Art    | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Cello       | <input type="checkbox"/> Voice    | <input type="checkbox"/> Drums    | <input type="checkbox"/> C M Test Preparation | <input type="checkbox"/> Chess  | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Flute       | <input type="checkbox"/> Clarinet | <input type="checkbox"/> Recorder | <input type="checkbox"/> Math                 | <input type="checkbox"/> French |                                  |
| <input type="checkbox"/> Saxophone   | <input type="checkbox"/> E. Bass  | <input type="checkbox"/> Vocal    | <input type="checkbox"/> Dance                |                                 |                                  |
| <input type="checkbox"/> Other _____ |                                   |                                   |   |                                 |                                  |

Previous Classes: \_\_\_\_\_

Physical Limitations, if any: \_\_\_\_\_

PREFERRED DAYS:

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

**Registration:** There is a one-time registration fee of \$60 and \$40 for each additional family member. Registration Fees are not refundable.

**Tuition:** Tuition is charged monthly and due on the last week of the previous month. Tuition is subject to a \$10 late fee after the seventh of the month. A \$12 fee will be charged on all returned checks. Please refer to our full tuition policy for more information.

**Refunds:** Refunds will be issued ONLY in the case of prolonged illness, verified by a physician's note. There are no refunds for missed classes or voluntary withdrawal during the term. In the event that a class is cancelled due to insufficient enrollment, a refund will be issued for the remaining classes.

**Missed Classes:** Make-up lessons may be arranged for lessons missed due to sudden illness or family emergency. Lessons may be rescheduled with 24 hour advance notice. Rescheduling is subject to teacher availability. Missed lessons without 24 hour notice and without a phone call to the school, prior to the class, to report an illness will be forfeited. Outstanding make-ups are not refundable at the time of withdrawal. Make-ups do not convert to tuition credits.

**Drop/Add Policy:** Two Weeks written notice is required to drop a class. Classes may be added at any time space is available. Please speak to the receptionist about scheduling.

**Discounts:** Family discounts are applied to full tuition paid before the 7<sup>th</sup> of the month.

PLEASE INITIAL THE FOLLOWING:

\_\_\_\_\_ I hereby authorize DAVID K'S MUSIC SCHOOL, INC personnel to obtain emergency medical treatment for my child at my expense.

\_\_\_\_\_ I understand the registration fees are non-refundable.

\_\_\_\_\_ I understand that tuition is charged per month and due before the first of the month.

\_\_\_\_\_ I understand that tuition may be prorated only in December, June, July and August with advanced notice. (No pro-ration for dance classes)

\_\_\_\_\_ I understand the 24 hour cancellation policy.

\_\_\_\_\_ I understand a substitute will be provided in the event the regular teacher is unavailable.

\_\_\_\_\_ I understand two weeks written notice is required to drop a class.

\_\_\_\_\_ I understand I am responsible for supervising my children before and after the lesson.

\_\_\_\_\_ I understand and agree to the terms of the tuition policy of DAVID K'S MUSIC SCHOOL, INC

\_\_\_\_\_ I authorize DO NOT authorize        David K's Music School, Inc to use my likeness in Print, within the school, or on the website for promotional purpose. Compensation will not be paid.

Signature \_\_\_\_\_  
(Parent or Guardian if under 18)

Date \_\_\_\_\_

For Office Use Only:  
Registration Fee: \$60 Discounted Fee \$40 Received Check # \_\_\_\_\_ /Credit Card \_\_\_\_\_  
Schedule: