

Lessons & Team Lessons



Registration Form Today's Date _____
Semester: Fall/Winter Winter Spring Summer

Process for Registration: Fill in this form completely, **pay \$40 deposit** to ensure a requested spot...we will hold your payment until lesson is agreed upon.

1. Please indicate your preferred choices!
2. **Lesson times must be coordinated with AIM before official enrollment.**
3. You will be contacted by phone to confirm enrollment.
4. You will receive a printed invoice by email or mail as confirmation of processing.

Please allow up to two weeks for processing registration.
 Work-study & sliding scale may be available to those who qualify. Proof of income required.

3405 S. Alaska St., Sea., WA 98118 • 206.723.3131 • www.aimschool.org

Student Information:

Please fill in completely & legibly

Student Name _____

(under 18, Date Of Birth) _____

School Attending & Grade _____

Parent/Guardian Name(s) _____

Address _____

City, State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Employer _____ Work Phone _____

Emergency Contact _____ Phone _____

How did you hear about AIM? (Check as many as apply) Flyer Brochure Friend Poster Internet Returning Camper/Student Ad

Other: _____

Lesson/s- Please indicate 3 days & times that work best for you, and if you want individual or team lessons.

1ST <small>choice</small>	Instrument or Discipline (choice one)	Teacher	Time	Day
2ND <small>choice</small>	Instrument or Discipline (choice two)	Teacher	Time	Day
3RD <small>choice</small>	Instrument or Discipline (choice three)	Teacher	Time	Day

COST: of weekly lessons:

Individual Lessons: 30 min (@\$25/lesson)=\$450 45 min (@\$35/lesson)=\$630 60 min (@\$45/lesson)=\$810
Team Lessons: 30 min (@\$16/lesson)=\$288 45 min (@\$20/lesson)=\$360 60 min (@\$25/lesson)=\$450

ACCOUNTING:

#of lessons ____ x cost/week ____
 = **LESSON TUITION** \$ _____
 + Processing Fee (\$15) \$ _____
Additional Fees:
 + Books/Materials \$ _____
 + CC/Debit Card fee (\$.50) \$ _____
 + Payment Plan fee (\$3 or \$6) \$ _____
Subtotal \$ _____
Discounts:
 - Family discount \$ _____
 (5% off tuition subtotal above - requires enrollment of 2nd family member with discount given to lesser amount)
 - Workstudy (by approval only) \$ _____
 - Sliding scale (by approval only) \$ _____
 Please help make the arts available for all:
 + Scholarship Donation Fund - optional \$ _____
Grand Total:
 \$ _____

PAYMENT OPTIONS:

Please mark "Full Tuition" or "Payment Plan" below. Cash, check or credit card (Master Card/Visa) accepted.

Full Tuition Payment

--OR--

Payment Plan (choose 2 or 4)

1st payment due at registration, PRIOR TO THE 28TH, remainders due on 10th of (respective) months.

2 Payments: (Add \$3 fee)

4 Payments: (Add \$6 fee)

CREDIT/DEBIT CARD INFO:

Exp date _____

Account# _____

Print Cardholder Name _____

Authorized Signature _____

VISA MasterCard

Billing Zip Code _____

YES! PLEASE, Automatically deduct my payments by credit card on 10th of each agreed upon month.

POLICY AGREEMENT:

Your registration cannot be processed without a signature!
 Your signature acknowledges you have read, understand and agree to all policies and information listed in the policy agreement printed on reverse of this page. You may ask for a copy of the policy agreement or refer to it at www.aimschool.org.

Signature Required _____

Date/Time Received _____ Payment \$ _____ Fin.Doc. (need for sliding scale and scholarship) check (#) _____ credit _____ cash _____ Scheduled _____ In Database _____ Last Name, _____ First Name (or Initial) _____