

**THE
CHILDBLOOM® GUITAR PROGRAM OF ST. CHARLES COUNTY ENROLLMENT
FORM**

NAME OF STUDENT(S) _____

BIRTHDATE _____ GENDER: M F SCHOOL _____

PARENTS NAME _____

ADDRESS _____

EMAIL ADDRESS(PARENTS ONLY) _____

PHONE _____ / _____
HOME CELL/BUSINESS

TUITION FOR A 5 WEEK SESSION _____ \$125

TUITION FOR A 5WEEK SESSION WITH SIBLINGS _____ \$105 per student

It is agreed that all tuition is due by the start of the first session. Make-ups are not guaranteed unless the instructor deems that it is unsafe to have lessons due to weather conditions. Attendance is key to your child's success and the success of the class as a whole. Instructor reserves the right to terminate the enrollment of the Applicant due to lack of or late payment. Please make all payments to "Childbloom".

Parent Signature: _____ DATE _____

Instructor Signature: _____ DATE _____

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