

678-697-4706

P.O. BOX 6426
MARIETTA, GA 30065

WWW.MUSICONWHEELSGA.COM



PIANO LESSONS AT YOUR CHILD'S SCHOOL **SIGN UP TODAY!**

PIANO LESSONS

CLASS PIANO

1 HOUR WEEKLY

1 BOOK IS REQUIRED FOR CLASS

CLASS PIANO \$55 MONTHLY

NEW STUDENT

RETURNING STUDENT

PRIVATE PIANO

30 MINUTES WEEKLY

5 BOOKS ARE REQUIRED FOR CLASS

PRIVATE PIANO \$100 MONTHLY

NEW STUDENT

RETURNING STUDENT

PIANO CLASS TIME

PIANO CLASSES WILL BE
HELD AT YOUR SCHOOL

COBB COUNTY
SCHOOL ONLY

SCHOOL NAME

INFORMATION CONCERNING
CLASS DAY/TIME WILL BE
E-MAILED

TUITION

TUITION IS DUE PRIOR TO CLASS START DATE

TAKE \$25 OFF YOUR INITIAL FEE IF PAID BY:

8/15

FEES (PAYABLE TO MUSIC ON WHEELS, LLC) CAN BE PAID:

MONTHLY

(ACCOUNTS WILL BE DEBITED ON THE 1ST)

QUARTERLY

(CREDIT, ONLINE, CASH OR CHECK)

(SEPTEMBER- DECEMBER)

(JANUARY - MAY)

FULL YEAR

(CREDIT, ONLINE, CASH OR CHECK)

(SEPTEMBER- MAY)

ALL FEES INCLUDE REGISTRATION FEE,
BOOK(S), RECITAL FEE, AND TUITION.

THIS IS A FULL YEAR COURSE.

SEE REVERSE FOR INITIAL FEE SCHEDULE

STUDENT APPLICATION FORM

Student's Name:

AGE: Home Telephone: Cell Phone:

Street Address:

City, State, Zip :

Parent/Legal Guardian:

Email:

MAIL YOUR APPLICATION TO THE ADDRESS ABOVE OR E-MAIL SOPHIAJONES@MUSICONWHEELSGA.COM.
DO NOT LEAVE PAYMENT/APPLICATION AT THE SCHOOL

PAYMENT METHOD

QUARTERLY TUITION PER STUDENT: TWO TUITION PAYMENTS ARE REQUIRED DURING THE SCHOOL YEAR;
1) **CLASS TUITION: 1ST PAYMENT \$320 SEPTEMBER-DECEMBER** **2ND PAYMENT \$275 JANUARY - MAY**
1ST PYMT GO TOWARDS: TUITION, REGISTRATION AND BOOK FEES.
2) **PRIVATE LESSON TUITION: 1ST PAYMENT \$480 SEPTEMBER-DECEMBER** **2ND PAYMENT \$500 JANUARY - MAY**
1ST PYMT GO TOWARDS: TUITION AND REGISTRATION FEES. BOOK FEE(S) ARE NOT INCLUDED AND ARE REQUIRED TO BE PURCHASED ONLINE AT WWW.MUSICONWHEELSGA.COM. PAYMENTS MAY BE MADE BY CASH, CHECK, CREDIT CARD, MONEY ORDER, OR ONLINE AND MUST BE RECEIVED PRIOR TO CLASS START DATE.
THERE ARE NO REFUNDS. ALL FEES PAID ARE NON-REFUNDABLE.
INITIAL: _____ (DO NOT LEAVE PAYMENT/REGISTRATION AT THE SCHOOL)

AUTOMATIC DEBIT PER STUDENT: YOUR ACCOUNT WILL BE DEBITED ON THE 1ST OF EACH MONTH AFTER THE 1ST INITIAL PAYMENT.
1) **CLASS TUITION: 1ST PAYMENT: \$155** **MONTHLY TUITION: \$55**
1ST PYMT GO TOWARDS: TUITION (FIRST MONTH), REGISTRATION AND BOOK FEES,
2) **PRIVATE LESSON TUITION: 1ST PAYMENT \$180** **MONTHLY TUITION: \$100**
1ST PYMT GO TOWARDS: TUITION(FIRST MONTH) AND REGISTRATION. BOOK FEE(S) ARE NOT INCLUDED AND ARE REQUIRED TO BE PURCHASED ONLINE AT WWW.MUSICONWHEELSGA.COM.
THERE ARE NO REFUNDS. ALL FEES PAID ARE NON-REFUNDABLE.
INITIAL: _____ (DO NOT LEAVE PAYMENT/REGISTRATION AT THE SCHOOL)

CREDIT CARD NO.(VISA/MASTERCARD) _____
EXPIRATION _____ CSC(3-DIGIT #) _____
BILLING ADDRESS: _____

I AUTHORIZE MUSIC ON WHEELS, LLC TO DEBIT MY ACCOUNT AS INDICATED ABOVE FOR TUITION

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____

ACCIDENT WAIVER AND RELEASE OF LIABILITY

THIS ACTIVITY IS NOT A COBB COUNTY SCHOOL DISTRICT PROGRAM. AS A PARENT/LEGAL GUARDIAN, I HOLD COBB COUNTY SCHOOL DISTRICT AND ALL OF COBB COUNTY SCHOOLS HARMLESS AGAINST ANY AND ALL LIABILITY CLAIMS, JUDGMENTS OR DAMAGES ARISING AS A RESULT OF PARTICIPATING IN THIS PROGRAM. THIS PROGRAM HAS INHERENT RISKS FOR STUDENT INJURY AND AS THE PARENT/LEGAL GUARDIAN, I ACKNOWLEDGE AND ASSUME THE RESPONSIBILITY OF POTENTIAL INJURY TO MY CHILD.

I WAIVE, RELEASE AND DISCHARGE FROM ANY AND ALL LIABILITY, INCLUDING BUT NOT LIMITED TO LIABILITY ARISING FROM THE NEGLIGENCE OR FAULT OF THE ENTITIES OR PERSONS RELEASED: MUSIC ON WHEELS, LLC AND /OR THEIR DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, REPRESENTATIVES, AND AGENTS, THE ACTIVITY OR EVENTHOLDERS, SCHOOLS, SPONSORS, OR VOLUNTEERS. I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE THE ENTITIES MENTIONED IN THIS PARAGRAPH FROM ALL LIABILITIES AND CLAIMS RESULTING FROM PARTICIPATION IN CLASSES, LESSONS, EVENTS, OR ACTIVITIES DUE TO NEGLIGENCE, ERRORS, OMISSIONS, ACTS, OR FAILURES TO ACT OF ANY PARTY OR ENTITY CONDUCTING SERVICES, ACTIVITIES, OR EVENTS ON BEHALF OF MUSIC ON WHEELS, LLC.

I ACKNOWLEDGE THAT THIS ACTIVITY OR EVENT MAY INVOLVE A TEST OF A PERSON'S PHYSICAL AND MENTAL LIMITS AND MAY CARRY WITH IT THE POTENTIAL FOR SERIOUS INJURY, PROPERTY LOSS, OR DEATH. THE RISKS MAY INCLUDE, BUT ARE NOT LIMITED TO, THOSE CAUSED BY TERRAIN, FACILITIES, TEMPERATURE, WEATHER, HEALTH CONDITION OF PARTICIPANTS, EQUIPMENT, VEHICULAR TRAFFIC, ACTIONS OF OTHER PEOPLE INCLUDING, BUT NOT LIMITED TO, PARTICIPANTS, VOLUNTEERS, SPECTATORS, COACHES, EVENT OFFICIALS, AND EVENT MONITORS, AND/OR PRODUCERS OF THE EVENT, AND LACK OF HYDRATION. THESE RISKS ARE NOT ONLY INHERENT TO PARTICIPANTS, BUT ARE ALSO PRESENT FOR STAFF.

I HEREBY CONSENT MY CHILD TO RECEIVE MEDICAL TREATMENT, WHICH MAY BE DEEMED ADVISABLE IN THE EVENT OF INJURY, ACCIDENT, AND/OR ILLNESS DURING THIS CLASS, ACTIVITY OR EVENT. THE ACCIDENT WAIVER AND RELEASE OF LIABILITY SHALL BE CONSTRUED BROADLY TO PROVIDE A RELEASE AND WAIVER TO THE MAXIMUM EXTENT PERMISSIBLE UNDER APPLICABLE LAW. THE ACCIDENT WAIVER AND RELEASE OF LIABILITY SHALL BE CONSTRUED BROADLY TO PROVIDE A RELEASE AND WAIVER TO THE MAXIMUM EXTENT PERMISSIBLE UNDER APPLICABLE LAW.

I ALSO UNDERSTAND THAT AT THIS EVENT OR RELATED ACTIVITIES, MY CHILD MAY BE PHOTOGRAPHED OR VIDEOTAPED IN ACTIVITIES DESCRIBED WITHIN MUSIC ON WHEELS' PROGRAM. I AGREE TO ALLOW PHOTOS, VIDEO, INTERNET ADVERTISEMENT, AND/OR FILM TO BE USED FOR ANY LEGITIMATE PURPOSE BY THE EVENT HOLDERS, PRODUCERS, SPONSORS, ORGANIZERS, FOR MARKETING, INFORMATIONAL, OR EDUCATIONAL PURPOSES.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY AGREE AND UNDERSTAND ITS CONTENT. I UNDERSTAND THERE ARE NO REFUNDS. IF I DECIDE TO CANCEL SERVICES, I UNDERSTAND THAT I MUST SUBMIT A WRITTEN 30-DAY NOTICE IN ADVANCE TO STOP DEBIT PAYMENTS OR I WILL BE CHARGED A \$35 CANCELLATION FEE. I HAVE ALSO RECEIVED THE STUDENT ENROLLMENT HANDBOOK AND I UNDERSTAND THAT I AM RESPONSIBLE AND ACCOUNTABLE TO THE INFORMATION ENCLOSED. I GIVE MY CHILD PERMISSION TO PARTICIPATE IN THE MUSIC ON WHEELS PROGRAM UNDER THE GUIDELINES SET FORTH IN THE STUDENT ENROLLMENT MANUEL, AND THIS ENTIRE FORM REGARDING PAYMENT, LIABILITY WAIVER, AND RELEASE OF PHOTOGRAPHY AND VIDEO.

STUDENT NAME: _____

PARENT/LEGAL GUARDIAN NAME: _____ DATE: _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____