

# The Mozart Academy

www.themozartacademy.com  Naples, FL (239) 398-5050

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## 2011 Student Enrollment Application

Student Name \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ Instrument \_\_\_\_\_

Address \_\_\_\_\_

Parent/Legal Guardian full name \_\_\_\_\_ E-mail \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Previous music instruction \_\_\_\_\_

Special learning needs? \_\_\_\_\_

Person responsible for tuition payment \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_

Musical goals \_\_\_\_\_

Lesson duration     30 mins                       45 mins                       60 mins

### **Lesson Terms**

1. Hourly rate: \$\_\_\_\_\_
2. Lessons must be paid in full to the teacher either at each lesson or monthly.
3. 24 hours notice must be provided to cancel a lesson, or lesson fee must be paid in full.
4. Four weeks notice must be provided to cancel enrollment in Academy.

**My signature below indicates that I have read and understand any terms or policies agreed to herein and agree to abide. Please make checks payable to The Mozart Academy.**

Parent Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

Academy Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_