



## Registration Form

### Personal and Family Information

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender:  M  F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Parent /Guardian #2: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

### Please Select a Class:

#### Burlingame - Tuesdays

- 4:25 – 5:05 Kindergarten and First Grade Group Violin Class.
- 5:10 – 5:55 Second and Third Grade Group Violin Class
- 6:00 – 6:50 Fourth and Fifth Grade Group Violin/Viola Class

#### San Mateo - Wednesdays

- 4:25 – 5:05 Kinder, First, and Second Grade Group Violin Class
- 5:10 – 5:55 Third, Fourth, and Fifth Grade Group Violin/Viola Class
- 6:00 – 6:50 Adult Group Violin/Viola/Cello Class

**Please read the following Bay Area Strings Academy policies and sign below:**

**REGISTRATION AND TUITION:** A completed registration form and the class fee are due to secure your student's spot in a class. There is a \$30 fee for returned checks and any other insufficient funds payment.

**ABSENCES / MAKE-UP LESSONS:** Credits are not normally given for lessons missed by pupils. However, in the case of long-term illness, or prior notice of unavoidable or compulsory school events, consideration may be given to credits. If practice falls on a holiday, a reduced price will be charged at registration.

**TEACHER CANCELLATIONS:** In the event the instructor must cancel a lesson, the instructor will contact the student and family and arrange for a make-up lesson or a substitute teacher. If neither can be arranged, a credit for the missed lesson will be applied.

**REFUNDS / WITHDRAWAL:** There are no refunds for group classes, ensembles, workshops/master classes or vacation programs.

**USE OF PHOTOGRAPHS AND VIDEOS:** Bay Area Strings Academy may take photographs of classes, lessons, recitals and events for promotional use in on-line and print materials. It is our policy not to include the names of children in any captions. Please check the box if you do NOT wish your child to appear in any publicity material photos, videos, etc. that may be used for promotional purposes.  - Opt-out

**I have read the policies outlined above, and acknowledgement my obligation to make any and all payments for programs:**

**Signed:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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| <b>Payment:</b><br>\$30 each class<br><br>-Payment for the full month due in advance, due on the first of each month.<br><br>-Due before your first class. | Total Amount enclosed \$ _____<br>Please make checks payable to Allison Zenner<br>or<br>Send an invoice via:<br><input type="checkbox"/> Square<br><input type="checkbox"/> PayPal (additional \$6 convenience fee for this option)<br><input type="checkbox"/> Google Pay |
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Please email form to [allison@bayareastringsacademy.com](mailto:allison@bayareastringsacademy.com)  
or mail form and payment to:

Allison Zenner  
77 Paloma Ave #205  
Pacifica, CA 94044