



Aurora School of Music Enrollment Form

Student's Name: _____

Instrument/Voice: _____

Date of Birth: _____ Today's Date: _____

Parent Name: _____ Parent Name: _____

Address: _____ City, Zip _____

Phone (h) _____ (c) _____

Email Address(es): _____

Credit card #: _____ Exp: _____

Visa , MC , Discover How did you hear about us? _____

Enrollment Fee: A non-refundable fee of **\$20.00** per student is required.
There is a two month minimum for all lessons (1 month of lessons and 30 day notice).

Payment of fees: Your **VISA, MASTERCARD** or **DISCOVER** card will be charged at the beginning of the month for the upcoming month's lessons. If paying by check or cash, payment must be made in full by the **1st** of the current month in order to avoid a charge on the credit card.

I hereby authorize monthly charges on my credit/debit card by the Aurora School of Music.

Parent/Adult Student Signature

Printed Name

Office Use:

Lesson Day: _____ Time: _____

Start Date: _____ Instructor: _____

Master Schedule:

Appt +: Enter recurring with end date 2 years out. Check screen for conflicts after finalizing.

Appt : Enter all enrollment data into fields (trial info is not complete).

GP: Enter Individual/student info

Payment Plan

Credit Card info (or security deposit entered as purchase and payment)

New Purchase (lessons w registration current month)

Official completing enrollment _____ Date: _____

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www.AuroraSchoolofMusic.com