

Explore! REGISTRATION FORM

Studio & Outbound Programs



New or Returning Student: (Choose One)

- New Student Returning Student

How did you find us?: (Choose One)

- Google Mailer Email Fair/Open House

Other Web

Name of Site: _____

Other

Account Holder Information:

Parent Name(s): Last: _____ First: _____

Address: _____ City, St: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Student Information: (Please complete one form per Student)

Student Name: _____ M / F DOB (m/d/y): _____ School Grade: _____

Is there any information we should know about your child? (allergies, etc) _____

Start Date	Course Title(s) / Music Instructor	Day	Time	Location	Tuition

Monthly Payment Option: (Select One)

See back for Autodraft Policies

Credit / Debit Card **Autodraft** Last Four ____ ____ ____ ____ Signature _____

Checking Autodraft Last Four ____ ____ ____ ____ Signature _____

Check / Money Order payable to Explore! (Requires 1st + Last Month Payment in Advance plus any registration fees)

Attach payment or completed payment form

Monthly Tuition\$ _____

Permissions: Please initial the following:

_____ I give permission for my child to receive emergency medical treatment.

_____ I give permission for my child's work to be reproduced. (Not to be sold – just used for promotional purposes)

**Return Registration To Studio, Mail to: 6801 Falls of Neuse, Raleigh, NC 27615 or Fax (919) 875-1155
For questions or to register by phone call us toll free at 1-866-545-5927**

IN OFFICE USE ONLY

Registration Fees (\$45 Art, Music, Dance / \$35 Pre-K)	
+ Monthly Tuition or Tuition pro-rated 1 st month amount (rate per class x classes left in month)	
= TOTAL DUE TODAY	

Roster

QB

FTL: YES NO Date _____

EXPLORE! Credit / Debit Autodraft Policies

The designation “company” in this agreement refers to: **Explore!**

By my election and signature on the front of this registration form, I hereby authorize the company to charge my Credit / Debit Card Account, whose last four digits appear on the reverse of this form, on the 1st day of each month for tuition payment.

YES / NO I authorize additional charges from time to time for other instruction related expenses including, but not limited to, costumes, dancewear, recital and other fees.

Explore! will retain the Registration/Authorization Form for recording purposes. For your protection Explore! will not retain the Credit Card Information Form once the card information is entered into our Accounting System.

Upon approval, we will automatically bill your credit card for monthly tuition (and additional charges if authorized) and your total charges will appear on your monthly credit card statement. You may cancel automatic billing authorization at any time by contacting us.

EXPLORE! Checking Account Autodraft Policies

The designation “company” in this agreement refers to: **Explore!**

By my election and signature on the front of this registration form, I hereby authorize the company to autodraft my Checking Account, whose last four digits appear on the reverse of this form, on the 1st day of each month for tuition payment.

YES / NO I authorize additional charges from time to time for other instruction related expenses including, but not limited to, costumes, dancewear, recital and other fees.

Explore! will retain the Registration/Authorization Form for recording purposes. For your protection Explore! will not retain the Checking Account Information Form once the information is entered into our Accounting System.

Upon approval, we will automatically bill your checking account for monthly tuition (and additional charges if authorized) and your total charges will appear on your monthly credit card statement. You may cancel automatic billing authorization at any time by contacting us.