



AFTER CARE CONTRACT

PIANO TUNES MUSIC ACADEMY
(815) 623-1000
9461 N. 2ND ST., SUITE C, ROSCOE, IL 61073
WWW.PIANOTUNESACADEMY.COM

AFTER CARE INFORMATION

From snack time (3pm), music lessons (paid for separately), lesson practice times, free time (free play, movies and wii games), homework help, karaoke and art projects, your child will be provided with a rich after school environment in which to grow and learn. We have a limited number of spots and registration fills up quickly, especially for our shuttle pick-up service.

1st Child - \$140 per month, Additional children - \$100 per month
Shuttle pickup - \$100 per month, per school

Last Name: _____ Phone #: _____

E-mail: (used for billing + newsletter purposes) _____

Address: _____

Name: _____ Birthdate: _____	Name: _____ Birthdate: _____
Grade: _____ School: _____	Grade: _____ School: _____
Dismissal Time: _____	Dismissal Time: _____
<input type="checkbox"/> Bus drop off @ PTMA <input type="checkbox"/> Shuttle pickup <input type="checkbox"/> Other	<input type="checkbox"/> Bus drop off @ PTMA <input type="checkbox"/> Shuttle pickup <input type="checkbox"/> Other
Allergies: _____	Allergies: _____
Medications: _____	Medications: _____
_____	_____
Name: _____ Birthdate: _____	Name: _____ Birthdate: _____
Grade: _____ School: _____	Grade: _____ School: _____
Dismissal Time: _____	Dismissal Time: _____
<input type="checkbox"/> Bus drop off @ PTMA <input type="checkbox"/> Shuttle pickup <input type="checkbox"/> Other	<input type="checkbox"/> Bus drop off @ PTMA <input type="checkbox"/> Shuttle pickup <input type="checkbox"/> Other
Allergies: _____	Allergies: _____
Medications: _____	Medications: _____
_____	_____

Child(ren) will be picked up from PTMA by: _____ at _____ time

NEW STUDENT PACKET



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EMERGENCY CONTACT

Emergency Contact Person: _____

Phone#: _____ Relationship: _____

EMERGENCY INFORMATION - PARTICIPANT AGREEMENT - LIABILITY RELEASE

Club Waiver and Release Form

I fully understand that Piano Tunes Music Academy, Inc.'s staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby authorize the PTMA Inc. staff to render first aid to student in the event of any injury or illness, and if deemed necessary by PTMA Inc. Staff to call a doctor and to seek medical help, including transportation by PTMA Inc. Staff member or representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said student should the PTMA Inc. Staff deem this to be necessary.

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Signature: _____ Date: _____

PHOTO/VIDEO RELEASE

PTMA may occasionally want to use photograph's taken of students on the website, in advertisements or on social media. PTMA will only use a student's first name and age if anything at all is attached to a particular image. Please review the photograph/video/consent release below:

_____ PUBLIC DISPLAY AND SOCIAL MEDIA APPROVED. By selecting this box you approve of internal and external use of photos/videos for PTMA's promotional purposes such as print advertisement, website, newspaper articles, newsletters and social media.

_____ PUBLIC DISPLAY AND SOCIAL MEDIA NOT APPROVED.

Signature: _____ Date: _____

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PAYMENT INFORMATION

There are two payment options, outlined below. Please select which one you would prefer. Cancellation of the program must be made in writing by the 20th of the current month to be dropped the following month. After care fees are nonrefundable.

AUTOMATIC PAYMENT BY CREDIT/DEBIT CARD (RECOMMENDED)

Weekly after care fees will automatically run on the Monday of every week for that week's after care costs. There will be a \$10 late fee applied to your account for payments made after Monday and any declined charges.

Credit Card # _____ - _____ - _____ - _____ Exp: ____/____
Name on Card: _____ Phone Number: _____
Billing Address: _____
Signature: _____ Date: _____

MANUAL PAYMENT MONTHLY

We accept cash, check or credit/debit card. If a credit/debit card number is not left on file, the first month's fees are due in advance. A \$10 late fee will be applied to payments made after the 1st Monday of the month.

 I am *not* leaving a credit card on file and am paying 1 month in advance at signup.

 I am leaving a credit card on file and am paying fees manually. If fees are not paid manually by the Monday of every week, tuition will be ran on the following credit/debit card:

Credit Card # _____ - _____ - _____ - _____ Exp: ____/____
Name on Card: _____ Phone Number: _____
Billing Address: _____
Signature: _____ Date: _____

OFFICE USE ONLY

Student Name: _____ Cust. #: _____ Contract ID #: _____