



Foundation Music School

3663 South College, Unit 13, Fort Collins, CO 80525
970.407.9084 www.foundationmusicschool.org

The entire staff at *Foundation Music School* would like to thank you for choosing us and welcome you to our family.

It is our goal at *Foundation Music School* to provide you with outstanding services, support, and communication regarding your family's needs. We provide an environment that is encouraging, well-informed, enjoyable, and sincere. We want you to be an integral and active participant in your child's music education and learn how to provide an environment for your child and family that will support his/her musical development. We also want you to be involved in establishing goals, home practicing, and performance opportunities. Our intention is to move towards a level of independence within everyone's abilities.

Included in our paperwork you will find:

1. student/family information sheet
2. financial agreement/attendance policy
3. medical release/permission to treat
4. permission to leave site/emergency contacts
5. audiovisual release

Please read all forms thoroughly so that you are informed about the agreements you are signing, and ask any questions to better help us serve you and your family.

Please note that these items MUST be received before or at your child's first lesson. Upon receipt of these signed documents, *Foundation Music School* will upload the information into a secure, password protected document vault specific for each client. You may request access to this vault. All paper copies of these documents will be shredded and disposed. Also, please note that should any information contained in this paperwork change, it is the responsibility of the parent/guardian to notify *Foundation Music School* as soon as possible.

We look forward to working with your family.

Thank you,

Nicole Wilshusen, MM
Assistant Director and
Coordinator of Private Lessons, *Foundation Music School*

Karen Parsell, MM
Executive Director, *Foundation Music School*

Foundation Music School is a non-profit community school of the arts committed to providing high quality opportunities in the arts to interested individuals of all ages, abilities and incomes.



Foundation Music School

3663 South College, Unit 13 Fort Collins, CO 80525
970.407.9084 www.foundationmusicschool.org

Student Information Form

Student's Name _____ DOB: _____ M or F

Parents' Names _____

Address: _____ City: _____ Zip: _____

Cell Number: _____ Home Number: _____

Email: _____ **Please circle preferred method of communication*

How did you hear about Foundation Music School? _____

Family Background

Mother's Name: _____ Age: _____ Occupation: _____

Father's Name: _____ Age: _____ Occupation: _____

Marital Status: Married Divorced Separated Widowed

Brother(s) and/or Sister(s) of the child:

Name	Age

What are your priorities in coming to Foundation Music School?

Does your child currently receive other music lessons? Yes No

If Yes, where and what type of lessons?

Current medications your child takes:

Name	Dosage	Frequency	Reason for medication



Foundation Music School

3663 South College, Unit 13 Fort Collins, CO 80525
970.407.9084 www.foundationmusicschool.org

Any known allergies? Yes No **If yes, please describe:** _____

Any diet restrictions? Yes No **If yes, please describe:** _____

If you answer yes to the above questions, please provide the following information:

Primary Physician: _____

Physician's Address & Phone: _____

Education Information

Is your child currently enrolled in school? Yes No

If Yes, where: _____

Does your child receive any services through the school? Yes No

If Yes, what services? _____

Does your child have a current Individualized Education Plan (IEP)? Yes No

Anything else you would like to tell us about your family? _____

PERMISSION FOR PARENT TO LEAVE SITE DURING LESSON

I _____ (Parent or Legal Guardian) acknowledge that I am the parent of

_____. I understand that while my child is receiving lessons I may leave the premises. However, I will give *Foundation Music School* a working cell phone number where I can be reached during my absence. In addition, I agree that I will return prior to the end of the lesson. Also, I understand that the ability to continue to leave the premises while my child is having a lesson is at the discretion of *Foundation Music School* and/or my child's teacher.

PARENT/GUARDIAN SIGNATURE

DATE

PRINTED NAME

RELATIONSHIP

EMERGENCY CONTACTS:

Other than you, who is authorized to pick up your child from their lesson?

Name	Number	Relationship



Foundation Music School

3663 South College, Unit 13 Fort Collins, CO 80525
970.407.9084 www.foundationmusicschool.org

Who is **NOT AUTHORIZED** to pick up your child?

Name	Relationship

PERMISSION FOR MEDICAL TREATMENT / EXCHANGE OF INFORMATION

I do hereby state that I have legal custody and grant my authorization and consent for Foundation Music School to administer general first aid treatment for any minor injuries or illnesses experienced by my child:

CHILD'S NAME: _____

If the injury or illness is life threatening or in need of emergency treatment, I authorize Foundation Music School to summon any and all professional emergency personnel to attend, transport, and treat my child and to issue consent for any hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of Foundation Music School in the exercise of their best judgment upon the advice of any such medical or emergency personnel. I authorize Foundation Music School to release necessary and pertinent medical information to physicians or first responders as needed for my child.

Approved information includes **written documents** and/or **verbal discussion**.

Information for Medical Treatment

Physician's Name and Location of Practice: _____

Physician's Phone: (_____) _____

Allergies to Medications: _____

Allergies (Other): _____

Please note all conditions for which the child is currently receiving treatment:

Note any other significant medical information:

Permission to Treat

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child should sickness or accident occur in my absence. If hospitalization is required, the aforementioned child will be sent to the nearest hospital unless otherwise specified here: _____

PARENT/GUARDIAN SIGNATURE

DATE



Foundation Music School

3663 South College, Unit 13 Fort Collins, CO 80525
970.407.9084 www.foundationmusicschool.org

ATTENDANCE POLICY:

Regular attendance at lessons, daily practice, and parental support are the essential elements necessary for educational progress and skill development. Therefore, students are expected to attend all lessons as scheduled. It is the student's and/or parent/guardian's responsibility to contact the instructor if a lesson will be missed. **Lessons must be canceled with 24-hour notice in order for rescheduling.**

If a lesson is not canceled with 24-hour notice and the lesson is missed or if the student is more than 10 minutes late, it is up to the discretion of the instructor whether the lesson should be rescheduled/forfeited or charged as a no call/last minute cancelation. It is the policy of FMS for only 2 make-up lessons to be allowed per semester, however this is also up to the discretion of the instructor. After the first no call/last minute cancelation occurs, lessons will be charged or deducted from your account for EACH missed lesson.

To that end, we request a current credit card be placed on file at all times. After the first no call/last minute cancelation occurs, lessons will be charged to the card on file or forfeited from your semester package of lessons. This insures that our instructors will still receive payment in full for their time and service in preparation for the missed lesson.

Special note regarding families participating in lessons on a scholarship basis: After your first no call/late cancelation, you are individually responsible for payment in full for your missed lesson. (30-minute lessons = \$26) Please remember: lessons canceled with less than 24-hour notice count as a late cancelation. Regular attendance is required for maintenance of need-based scholarships. Attendance problems may result in a scholarship being revoked and/or termination of lessons.

With that said, we understand that illness can happen suddenly. The Board of Health considers the following signs to indicate communicable disease/illness: vomiting, fever over 100 degrees, diarrhea, sore throat, rash/swelling, or running nose. Please be sure you are symptom free for 24-hours before resuming lessons. Please note that if you arrive at your lesson exhibiting any of the above symptoms, it is at the teacher's discretion to send you home in order to protect themselves and our other students from infectious illness.

PARENT/GUARDIAN SIGNATURE

DATE

CONSENT FOR AUDIO/VISUAL RELEASE:

I, _____ (Parent/Legal Guardian) give permission for _____ (Child) to be audio or video taped by the teachers at *Foundation Music School*. These audio or video taped sessions will be used for education and training purposes only (i.e. teacher trainings & continuing education, conference presentations) At no time will the student's full name be spoken on the tapes and the student's full identity will remain confidential. These tapes will be maintained in a locked facility.

PARENT/GUARDIAN SIGNATURE

DATE

CONSENT FOR PHOTOGRAPH RELEASE:

I _____ (Parent/Legal Guardian) give permission for _____ (Child) to be photographed by the teachers at *Foundation Music School*. These photographs will be used for education and training purposes (i.e. teacher trainings & continuing education, conference presentations), and may be used by Foundation Music School for advertisement purposes (i.e. brochures, newspapers).

PARENT/GUARDIAN SIGNATURE

DATE

FMS Cancellation Policy

All tuition is due at time of registration. *FMS classes are 4, 6/7, 8, 12 or 16-week commitments, depending on the class. FMS private lessons are 16-week commitments during fall and spring semesters, and 6-week or 8-week commitments during our summer sessions. When you register for our classes, your child's success and the success of our classes depend on your commitment to attend. Please plan carefully to avoid canceling your registration. In some cases a late cancellation means loss of your tuition. If you must cancel your registration, please refer to the following guidelines:*

Family Music (FM1, FM2, FM3, All Together Now & Zumbini)

For Family Music classes (6/7-week, 8-week OR 16-week classes) we are happy to give a full refund if written notification is given at least one week prior to the start of the class. If cancellation occurs less than one week prior to the start of the class, a cancellation fee of \$25 will be charged and the prorated account credit can be used for future classes. Unfortunately material fees are not refundable.

Music Makers/Pre-Instrument Mini-Music Sessions

Mini-Music Sessions are 4, 6/7, 8, 12, and 16-week commitments. We are happy to give a full refund if written notification is given at least one week prior to the start of each & every mini-music session. Cancellations after that will result in a fee of \$25. 12 & 16 week enrollments may be paid on a 4-week schedule, with the payment due at the beginning of each 4-week mini session. If a situation arises where a student is unable to attend for the entire mini session, the 4-week payment is still due for the mini session in which the cancellation occurs. Unfortunately material fees are not refundable.

Music Makers/Instrument Prep (SDPS, Nature & World)

Music Makers classes are 6/7 weeks or 16-weeks in length and we strongly urge families to commit to the full class time. We are happy to give a full refund if written notification is given at least one week prior to the start of the semester. Monthly payments are available and are due on the first day of each month. If a situation arises where a student is unable to attend for the entire semester, the monthly payment is still due for the month in which cancellation occurs, and a further cancellation fee equal to one month tuition will apply. A pro-rated account credit will be given if payment was received in advance. After the 3rd or 8th week of the class, refunds/account credits are not possible. Unfortunately material fees are not refundable.

Group Instrument

For enhanced learning, we strongly urge families to commit to the full 6/7 weeks or 16-week semester. We are happy to give a full refund if written notification is given at least one week prior to the start of the semester. Monthly payments are available and are due on the first day of each month. If a situation arises where a student is unable to attend for the entire semester, the monthly payment is still due for the month in which cancellation occurs, and a further cancellation fee equal to one month tuition will apply. A pro-rated account credit will be given if payment was received in advance. After the 3rd or 8th week of the class, refunds/account credits are not possible. Unfortunately material fees are not refundable.

Private Instrument Lessons/Vocal Lessons

FMS offers one free preview per child before a commitment is made to private lessons. Once you confirm your lesson day and time with your teacher, the commitment has been made to pay for the semester in full, or the semester pro-rated if lessons begin after our semester has begun. If needed, please inquire for semester beginning and ending dates. Fall and Spring semesters are 16-weeks in length and during our summer sessions, families have the option of either 6 or 8 week sessions. FMS does not provide private lessons on a week-to-week basis. We strongly encourage students to complete the entire semester of lessons. If a situation arises where a student is unable to continue for the entire semester, the monthly payment is still due for the month in which cancellation occurs, and a further cancellation fee equal to one month tuition will apply. A pro-rated account credit will be given if payment was received in advance. Unfortunately material fees are not refundable. *Please refer to our attendance policy for missed lessons and/or late cancellations.*

Mini-Music camps and Preschool Music Camps

Mini-music camp are sold individually and should be paid for in full at the time of registration. For mini-camps, we are happy to give a full refund if written notification is given at least one week prior to the start of the camp. Cancellations which occur less than one week prior to the camp will result in a 50% account credit. Scholarship percentages can be applied to the cost of camp (*preschool camps excluded*) but cancellations may require personal payment of the cancellation fee.

Amadeus Music Camp (Our week-long Summer Camp)

A \$60 non-refundable deposit is due at registration. The remaining balance of the camp fee is due 3-weeks before the start date of camp. Scholarships cover the cost of camp, but cancellations after registration will require personal payment of the \$60 deposit. *Please note:* All cancellations made after the balance due date may result in cancellation fees.

Parent Signature _____ Date _____

CREDIT CARD AUTHORIZATION:

I understand that Foundation Music School should have a current credit card number on file in the event of the following:

- my account becomes delinquent
- my child has a late canceled lesson
- I choose to participate in the Auto Pay option

I authorize FMS to maintain my credit/debit card on file. *I understand that my card will only be used if:*

- (a) My account has been **delinquent for more than 60 days** and I have not made any effort to make payment arrangements
- (b) My lesson is **cancelled with less than 24 hours notice** or a “no show” occurs
- (c) I choose to participate in the Auto Pay option (*details below*)

I understand that Foundation Music School has an Auto Pay option and I can participate in that option if I desire. I understand that FMS will deduct the monthly tuition for my child(ren) **after** the 15th **but before** the final day of each month in the Fall 2018 semester (August, September, October, & November) and also each month of the Spring 2019 semester (January, February, March & April)

I understand this Auto Pay option does NOT automatically renew with each school calendar year and I will need to notify FMS of my desire to re-enlist in the Auto Pay option.

PLEASE NOTE: THERE IS NO AUTO-PAY OPTION FOR SUMMER.

I desire to participate in the FMS Auto-Pay option for Fall 2018 and/or Spring 2019 and give permission for my credit card to be charged for my child’s monthly tuition according to the guidelines described above.

Please indicate:

Yes **OR** **No**

Credit Card Number: _____ Expiration Date: _____ 3/4-digit Code: _____

Name on card: _____ Phone: _____

Cardholder’s address: _____

Cardholder Signature

Date