



# 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: \_\_\_\_\_

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



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

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

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**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? \_\_\_\_\_

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### **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



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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**



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## ATTENDANCE POLICY for Private Lesson Students (Group on back)

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 cancelled with 24-hour notice in order to be considered an Early Cancel, and eligible for rescheduling. It is the policy of FMS for only 2 make-up lessons to be allowed per semester. After two Early Cancels, additional missed lessons will be forfeited from the lesson package, and scholarship families will need to pay for the lessons.

If a lesson is not Early Cancelled (24-hour notice) it will be considered a Late Cancel. **When a Late Cancellation occurs, each missed lesson will be forfeited from your lesson package. Scholarship families will be responsible for payment for each Late Cancellation. (30-minute lessons = \$26; 45-minute lessons = \$39)**

To that end, we require a current credit card be placed on file. Each Late Cancellation that occurs will be forfeited from your semester package of lessons or charged to your credit card. This insures that our instructors will still receive payment in full for their time and service in preparation for the Late Cancellation.

**Special note regarding Scholarship families:** For each Late Cancellation, you are individually responsible for payment in full for your missed lesson. (30-minute lessons = \$26; 45-minute lessons = \$39) Please remember: lessons cancelled with less than 24-hour notice are a Late Cancellation. Regular attendance is required for maintenance of scholarships and all lessons must be received. 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 private lessons and group lessons are 16-week commitments during fall and spring semesters, and 6-week or 8-week commitments during our summer sessions. Please plan carefully to avoid canceling your lessons. In some cases a late cancellation means loss of your tuition. If you must cancel your lessons, please refer to the following guidelines:

### 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.*

### 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. Payment is due at registration. 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.

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 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