



Trinity Music Arts Academy - Registration Form

Student Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Parent Name(s) _____

Phone One _____ Phone Two _____

Parent Email(s) _____

Grade (If summer, grade entering) _____

Emergency Contact Name and Number: _____

Allergies or Health Concerns: _____

Previous Music Experience? Yes No

If yes, please describe: _____

Please list the instrument(s) you would like to have instruction on, and if you have a preference of instructor (list multiple classes; only one student per form please)

Instrument/Voice	Teacher Preference
1.	
2.	
3.	

For non-TCS students, lessons begin at 3:45pm and are based on the instructor's availability.

What is the earliest time a lesson can be scheduled? _____

What is the latest time a lesson can be scheduled? _____



Trinity Music Arts Academy - Permissions Page (1 of 2)

Please visit tcsions.org/about-us for a full description of our Music Arts Academy policies.

- This registration form is for non-TCS students only. TCS students should contact Performing Arts for an online format to register through Blackbaud.
- Private lessons meet once a week for 30 minutes, at a rate of \$30 per lesson. Tuition is billed directly by the private instructor. Your instructor will discuss with you their policies concerning payment procedures.
- Group classes are subject to a minimum enrollment; if not met, refunds will be applied.
- Instrument rental/purchase and music books may be necessary. Please ask your instructor for more information.
- Absence Policy: absence policies are set by each instructor.
- Arts Academy registration forms will remain on file from year to year. Students will automatically be re-registered each school year. Please let your instructor know if you do not plan to continue private instruction through the Arts Academy.

I have read, understand and agree to the policies of the Trinity Music Arts Academy.

Parent Initial: _____

I affirm, except as indicated on this form, that my child is in good health and able to participate in all activities.

Parent Initial: _____

With the understanding that safety standards will be met, I release Trinity Christian School and Trinity Music Arts Academy, including instructional staff from possible claims for incident or injury to person or property which may arise from participation in activities, and hereby covenant and agree to hold harmless the school, its employees, agents or representatives from any claim, liability or expense arising out of, or in any way connected with any incident or injury resulting from such participation.

Parent Initial: _____



Trinity Music Arts Academy - Permissions Page (2 of 2)

In the event of a medical emergency, if parent(s) or emergency contact are not available, I give TCS permission to consult the school nurse and/or contact EMS.

Parent Initial: _____

Photographs of my child participating in Trinity Music Arts Academy activities may be used in TCS marketing materials.

Parent Initial: _____

Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____