The Harmony School

REGISTRATION FORM

( ) Please check if address has changed

Student(s) Name(s):			
ADDRESS:			
CITY:		**ZIP:**	
Hm Phone:			
Cell Phone:			
PARENTS:			
EMAIL:			

CLASS	**DAY/TIME**	**COST**
TOTAL CLASS TUITION:		
LESS DISCOUNT (*IF APPLICABLE):*		
ADJUSTED TOTAL:		
PLUS REGISTRATION FEE:		
TOTAL AMOUNT DUE:		

CHECK # ( ) CASH ( )

13565 NW Overton St.
Portland, OR 97229
503.626.0166
Email: info@theharmonyschool.org
www.theharmonyschool.org

PAYMENT AND REGISTRATION

1. **Discount:** Classes per week (2 classes = 5%), (3 or more classes = 10%).
2. **Refunds** will be given only if a class is cancelled by The Harmony School for the duration of the term and no alternate class has been offered. Refunds will be on a prorated basis.
3. **Full payment is expected at time of registration.**
4. There will be a yearly $20.00 Non-Refundable Registration Fee charged. There will be a $30.00 charge for all returned checks. **We gladly except Cash and Checks**

SCHEDULING

1. Schedule is subject to change. You will be notified if this is necessary.
2. **Make-up classes** – Missed classes must be made-up during the current term. Please check with your teacher to determine which make-up class you should attend.
3. **Private lessons** must be arranged and pre-paid through the office.

WAIVER OF LIABILITY

I, the undersigned parent or legal guardian of the student(s) listed above, do hereby give permission for the aforementioned persons to participate in any and all classes, programs, shows and events offered by or attended by The Harmony School, LLC. I accept all risks associated with that participation and understand that there is a full possibility of serious physical illness or injury. I hereby covenant not to sue and waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against The Harmony School and its officers, owners, directors, employees and/or other assigned representatives or volunteers from any and all liability and for any and all damages and/or injuries which may be sustained or suffered by the student(s) listed above while participating at or for The Harmony School. Furthermore, I hereby give my permission to The Harmony School to use photographs and/or videos of the student(s) listed above as deemed appropriate for the promotion of The Harmony School.

INSURANCE & PERMISSION FOR TREATMENT

My signature below indicates my certification that I have medical insurance on the student(s) listed above and will maintain continuous medical coverage while he/she is a student at The Harmony School. I also authorize The Harmony School and its owners, employees, directors, etc. to use standard first aid procedures on the student(s) listed above and to consent any other medical procedure that is deemed necessary in the case of an emergency. Furthermore, I certify that I personally and/or my medical insurance carrier will be responsible for all expenses which are incurred in relation to any injury sustained during any The Harmony School related activity including but not limited to a The Harmony School class, competition, show, etc. (Please list your medical coverage info below...make sure that you inform The Harmony School if this info changes.)

Insurance Company Name _____ Policy # _____

THE HARMONY SCHOOL RULES & REGULATIONS

My signature below also indicates that I have read, understand and will abide by all general rules and regulations that are set forth by The Harmony School and its owners, employees and directors and any additional rules or requirements as set forth throughout the year.

Parent's Signature: **Date:**