

**Lisa Rae Music Studios, LLC**  
P.O. Box 142  
Crescent, PA 15046-0142  
PHONE (412) 638-7598 FAX (412) 766-2689  
[LisaRaeVaughan@yahoo.com](mailto:LisaRaeVaughan@yahoo.com)



**REGISTRATION FORM**

Today's Date: \_\_\_\_\_

Session: \_\_\_\_\_

Visit us at: [www.LisaRaeMusic.Com](http://www.LisaRaeMusic.Com)

**PARENT, GUARDIAN, OR ADULT STUDENT CONTACT INFO**

NAME: \_\_\_\_\_ CUST ID: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
HOME PHONE: ( ) \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
CLASSES FOR (e.g. child, friend, self) : \_\_\_\_\_  
# STUDENT(S) REGISTERED: \_\_\_\_\_ *Please supply student information for each registered student*

**Please check one:**

- First Time Student
- Returning student > 1 semester absence
- Continuing student – prefer same class
- Continuing student – prefer transfer to new class

**Current member / student / resident of:**

- Ascension Lutheran Church
- Father Ryan Cultural Arts Center
- Lisa Rae Music Studios, LLC
- Montour School District
- The Early Learning Institute
- Other

**Payment:**

- Bill me via email
- Bill me via PAYPAL request
- Bill me US Mail
- Check / Cash Enclosed
- Bill 3<sup>rd</sup> party (Name, address)

Register online at: [www.LisaRaeMusic.Com](http://www.LisaRaeMusic.Com) (Navigate to our Music Lessons or Music Together page, then click SIGNUP)

Please indicate a 2<sup>nd</sup> and 3<sup>rd</sup> choice of packages and a RANGE of preferred times (private lessons) in the event the 1<sup>st</sup> choice is N/A

Make checks payable to: **Lisa Rae Vaughan**. Send thru U.S. Mail to the address above

Send **PAYPAL** Electronic Payments **DRAWN ON A U.S. CHECKING ACCOUNT ONLY** (not credit card) to: [LisaRaeVaughan@yahoo.com](mailto:LisaRaeVaughan@yahoo.com)

	PKG Name	Length in Min.	Meets (Weekly, Bi-W, Flex)	Location / Time	Fee
# 1					
# 2					
# 3					
<b>TOTAL TUITION</b> (See studio brochure for Package pricing)					\$
<b>REGISTRATION FEE</b> for additional students not included with Package				<b>\$ 5 Per Each</b>	\$
<b>TOTAL PAYMENT</b> (Your registration and balance due will be confirmed via email, phone, or US Mail)					\$

**What is your interest in our Music Classes (please check all that apply)**

- Cyber School Credit
- Lifelong Ambition or Hobby
- Auditions / Competitions
- Intro to Music
- Band or Choir Preparation
- Worship Service Music Preparation
- Music as Therapy
- Assistance with School Class / Project
- Recitals / Talent Show
- Nat. Federation of Music Clubs Festivals & Events
- Family & Social Activity

**ADDITIONAL COMMENTS:** (Scheduling Issues, Specific Goals, Performance Opportunities thru the Student's School or Worship, Etc.)

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## STUDENT REGISTRATION INFORMATION

### 1<sup>st</sup> STUDENT

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
ADDRESS: \_\_\_\_\_ GENDER:  F  M  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
SCHOOL or EMPLOYER (adult students): \_\_\_\_\_ GRADE: \_\_\_\_  
INSTRUMENT(S) \_\_\_\_\_  
NAME OF CURRENT LRMS INSTRUCTOR(S) \_\_\_\_\_  
SPECIAL NEEDS?  NO  YES \_\_\_\_\_

### 2<sup>nd</sup> STUDENT

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
ADDRESS: \_\_\_\_\_ GENDER:  F  M  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
SCHOOL or EMPLOYER (adult students): \_\_\_\_\_ GRADE: \_\_\_\_  
INSTRUMENT(S) \_\_\_\_\_  
NAME OF CURRENT LRMS INSTRUCTOR(S) \_\_\_\_\_  
SPECIAL NEEDS?  NO  YES \_\_\_\_\_

### 3<sup>rd</sup> STUDENT

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
ADDRESS: \_\_\_\_\_ GENDER:  F  M  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
SCHOOL or EMPLOYER (adult students): \_\_\_\_\_ GRADE: \_\_\_\_  
INSTRUMENT(S) \_\_\_\_\_  
NAME OF CURRENT LRMS INSTRUCTOR(S) \_\_\_\_\_  
SPECIAL NEEDS?  NO  YES \_\_\_\_\_

## IMPORTANT INFORMATION ABOUT YOUR REGISTRATION

**CANCELED CLASSES:** Scheduled classes must be canceled **with a minimum of a full 24 hours of prior notification regardless of circumstance** (Incl. illness, sports, social activities, work, school, medical, child & pet care, transportation, weather or forgetfulness)

LRMS make every effort to accommodate a student's 1<sup>st</sup> preference subject to space and instructor availability. A class with fewer than the minimum registered students or without an instrument specific instructor may be canceled and a full refund issued.

**PAYMENTS:** Full payment and / or first budget payment is due at the time of registration and processed in the order received. Full tuition refunds are available (minus a \$25 service fee) provided the studio is notified of withdrawal no later than 48 hours after the start of the 1<sup>st</sup> class. No refunds of money or a decrease in package time are available beyond 48 hours of the 1<sup>st</sup> class meeting.

Student accepts full responsibility for the TOTAL PAYMENT indicated. Additional lesson time, books & materials, in-home travel charges and / or special event fees not included in the package price are billed separately.

**CHILD SUPERVISION:** Children must be supervised by an adult (other than the instructor) at all times and remain in the designated areas. A parent or caregiver (not the instructor) is responsible for the cleanup and care of their child in the event of sudden illness, toilet training issues, etc. Please do not bring your child to class when he or she is sick; they should be fever free for at least 24-hours.

**VIDEO RELEASE:** I have read and understood the studio policy. I hereby give permission to Lisa Rae Music Studios, LLC to take photographs and video recordings of my child, or me, or both of us together, and use them in printed or video formats for advertising and educational purposes. The photographs and video recordings may be edited at the sole discretion of Lisa Rae Music Studios, LLC. I expressly release Music Together, Lisa Rae Music Studios, LLC, its agents and employees from all claims that I have or may have. These claims include, but are not limited to invasion of privacy, defamation, or any other cause of action arising out of exhibition or distribution of any materials in which my child or I appear.

**SIGNATURE** (must be 18 or older): \_\_\_\_\_ **DATE:** \_\_\_\_\_