



ANN ARBOR  
SCHOOL FOR THE  
PERFORMING ARTS

# REGISTRATION FORM

## Summer 2008

MAIL or hand deliver the completed form and payment to:  
AASPA  
4090 Geddes Road  
Ann Arbor, MI 48105

PHONE: 734-995-4625  
FAX: 734-995-7503

### Student Information

### Parent/Guardian Information

Student's Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Other family member (s) enrolled at  
 AASPA \_\_\_\_\_  
 Ethnic Origin (optional) \_\_\_\_\_

Parent Name \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Work Phone \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Phone \_\_\_\_\_

Does the student have any medical or behavioral considerations?  
 \_\_\_\_\_  
 \_\_\_\_\_

### Class, Ensemble or Lesson Information

CLASS REGISTRATION: KMC, MusicPlay, etc.  
 Name of Class: \_\_\_\_\_  
 Day & Time of Session: \_\_\_\_\_  
 Tuition: \_\_\_\_\_

Total tuition: \_\_\_\_\_  
 Early Bird Discount  
 (paid in full before 5/24/08) \_\_\_\_\_

SUMMER DAY CAMP  
 Full Day \_\_\_\_\_ Half Day \_\_\_\_\_ Ensemble Only \_\_\_\_\_  
 Session I \_\_\_\_\_ Session II \_\_\_\_\_  
 Tuition \_\_\_\_\_

Family Allowance  
 (10% off lesser invoice) \_\_\_\_\_

Accent Plus Discount (10% off 2  
 Or more offerings) \_\_\_\_\_

LESSON REGISTRATION:  
 Private \_\_\_\_\_ Buddy Lesson \_\_\_\_\_  
 If Buddy Lesson, do you need to be assigned a group? Y/N  
 Name of Instructor \_\_\_\_\_  
 Lesson Length (30 min., 45 min., 60 min.) \_\_\_\_\_  
 Number of Lessons \_\_\_\_\_

Total due with registration \_\_\_\_\_

\*SOUND SUPPORT ANNUAL  
 CAMPAIGN REGISTRATION: \_\_\_\_\_

TOTAL: \_\_\_\_\_

# of lessons	30 min. Private	30 min. Buddy*	45 min. Private	45 min. Buddy*	60 min. Private	60 min. Buddy*
6	\$180	\$105	\$240	\$157	\$300	\$210
8	\$240	\$140	\$320	\$210	\$400	\$280
10	\$300	\$175	\$400	\$262	\$500	\$350
12	\$360	\$210	\$480	\$315	\$720	\$420

CHECK ENCLOSED

CHARGE MY (circle)  
 Visa MC Amex

**\$5 FEE for credit card usage**  
 Credit Card # \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 Name of Card \_\_\_\_\_  
 Billing address if different than  
 above \_\_\_\_\_

\* Fees are per student.

I understand and accept the policies of AASPA (please see page 15 and 18 of 2007-2008 brochure) and accept responsibility for the charges incurred. I will allow AASPA the use of photographs, artwork and/or recordings made at AASPA activities involving the student enrolled. I agree to hold AASPA staff, faculty and volunteers harmless in the event I or my child is injured while participating in AASPA activities or events.

Signature of parent, guardian or adult student \_\_\_\_\_