

Searcy Community School of Music

2026 **SUMMER** Registration Form 3/6/26

Register online or complete and submit this form. – No registration fee for summer enrollment.

Student: _____ Age: _____ Male ___/Female ___ Registration Date: _____

Parent: _____ Contact email: _____

Mail Address: _____ Phone: _____

EARLY CHILDHOOD MUSIC CLASS

For ages **3-6**. This **evening** class of 4-10 students will meet for **eight**, 50-minute weekly sessions in **June-July**.

*Scheduling will be arranged by the teacher to accommodate the most students. Tuition: **\$125**

___ MUSIC for EARLY CHILDHOOD Music (Ages 3-6)

PRIVATE LESSONS

___ VOICE or ___ INSTRUMENT: Specify the Instrument: _____

Have you had lessons before? ___ If so, how long and teacher name: _____

Describe student's previous musical experience

| Instructor Level | Instructor Description | 30-min Lessons x 6 | 30-min Lessons x 9 |
|------------------|--|--------------------|--------------------|
| I | University students qualified to teach Beginner students | ___ \$86 | ___ \$130 |
| II | Experienced adults qualified to teach Beginner, Intermediate, and adult students | ___ \$135 | ___ \$200 |
| III | Experienced adults with advanced music degrees, qualified to teach all levels | ___ \$175 | ___ \$265 |

PAYMENTS & POLICIES

PAYMENT METHOD: ___ Paypal Invoice (+2.25% handling) ___ Check/Cash ___ EFA Funds

SUMMER SEMESTER TUITION is due by the **2nd lesson**. Payment may be **dropped off** at the Music Office or M211 of the Reynolds Center; **mailed** to SCSM, Box 10767, Searcy AR 72149; or submitted via **Paypal** Invoicing or EFA Invoicing

CANCELLATION POLICY: I understand that instructors are not obligated to reschedule lessons canceled by parents/students, although instructors will attempt to do so if given **24-hour-notice** prior to the lesson or in cases of **illness** or **emergency**. Lessons canceled by the student/parent are not refundable. **Adult Signature** _____

PHOTOS: I give my permission to post photos of my child on the SCSM website or Facebook page without names attached.

Adult Signature _____

GENERAL RELEASE: I, the parent, take full responsibility for all risks, not holding Searcy Community School of Music, its Director, Harding University, nor my instructor responsible in any way. I also take full responsibility for the actions of my child/children and agree to supervise all my children in the building. **Adult Signature** _____