



Central Baptist Church
School of The Arts

503 N. Houston, Livingston, Texas 77351
 SOTA: 936-328-8682
 www.makingGODknown.net

“Music for God’s People”

Colossians 3:16

The growing Music Ministry of Central Baptist Church, Livingston, Texas is reaching out to the community through a program called **School of The Arts**, 3:00 - 10:00 p.m., on Monday evenings September through May in the Children’s Center. The purpose and mission of this program is to offer instruction and personal development in music. It is our belief that the arts are a gift from God and that the opportunity to develop these gifts allows us to grow both mentally and spiritually. The School of The Arts is founded on Christian principles and its programs are available to everyone in the church and community.

2009-2010 Pre-Registration for Returning Students

I. STUDENT INFORMATION **Instrument Instruction Requested** _____

Name _____ Age _____

Birthdate _____ Grade in School (as of 9/2009) _____
 (month/date/year)

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Church Affiliation _____

II. PARENT/GUARDIAN INFORMATION: If student is a youth or child, please fill out the following information.

Name _____	Home Phone _____
	Work Phone _____
	Cell Phone _____

Name _____	Home Phone _____
	Work Phone _____
	Cell Phone _____

Address _____ City _____ State _____ Zip _____

III. EMERGENCY CONTACT

Name _____

Relationship _____

Home Phone _____

Work Phone _____

Cell Phone _____

IV. INSTRUCTION

RETURNING STUDENTS

Instrument would like to continue studying _____

I would like to change instruments and would like to study _____

Current lesson time _____

- I would like to keep my current lesson time if possible
- If a time change is necessary, the student would be available for lessons _____
time span (3-7, 4-6 pm , etc.)
- I would like to talk to the Director about the possibility of a lesson time change.
Please indicate lesson time change request _____ (1st choice)
_____ (2nd choice)

Current Instructor

- I would like to keep my current instructor.
- I would like to talk to the Director about making an instructor change.

As Parent/Guardian for the above student, I (we) accept the responsibility for his/her attendance at each lesson. I understand the first and last month's tuition plus the yearly \$50.00 registration fee is due at the time of pre-registration. I understand that if a student is absent for any reason, there will be no refund and no make-up lesson. I understand that if the instructor is absent, appropriate credit will be given on the next month's tuition. No make-up lessons will be given for any reason. I understand that tuition is due on the first lesson Monday of each month and is considered late if not paid at that time, and a \$10.00 late fee will be charged. (Exception: If the instructor is absent the first lesson Monday of the month, the student may pay on the second lesson Monday of the month without a late fee.) I also understand that no lessons will be taught after the 15th of the month unless the fees have been paid. I understand that I am committing my child/myself to 9 months of instruction and that if the student (child or myself) drops out, I must pay for the remaining months. I understand that the pre-paid last month's tuition is not refundable for any reason. I further understand that a parent is to be present with the student (up to and including 8th grade) during private lessons and classes. I understand that children & youth are required to take part in the Christmas and Spring recitals. I have read the SOTA policies in the student packet and agree to abide by them.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____