

The Mozart Academy



www.themozartacademy.com 🎵 Naples, FL (239) 598-5050
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Student Enrollment Application

Student Name _____

Age _____ Date of birth ____/____/____ Grade _____ Instrument _____

Address _____

Parent/Legal Guardian full name _____ E-mail _____

Home phone _____ Cell phone _____

Previous music instruction _____

Special learning needs? _____

Person responsible for tuition payment _____

Where did you hear about us? _____

Musical goals _____

Lesson Terms

1. Lesson rates: 30 mins: \$40, 45 mins: \$55, 60 mins: \$70
2. Lessons must be paid in full to the teacher either weekly or monthly.
3. 24 hours notice must be provided to cancel a lesson, or lesson fee must be paid in full.
4. Two weeks notice must be provided to cancel enrollment in Academy.

My signature below indicates that I have read and understand any terms or policies herein and agree to abide. Please make checks payable to The Mozart Academy.

Parent Signature _____ Name _____ Date _____

ACADEMY USE ONLY: ST DATE _____ 2 WKS NOTICE DATE _____