

# ELEMENTARY AFTER SCHOOL MUSIC PROGRAM

Hope Christian School AND Janow Academy of Music offers after-school music instruction to Hope students according to the following:

GRADE: \_\_\_\_\_ GROUP PIANO grades 3-5<sup>th</sup> grade (Mid-School Bldg., room 110)  
 \_\_\_\_\_ BEGINNING BAND grades 4<sup>TH</sup> & 5<sup>TH</sup> (Mid-School Bldg., room 112)  
 \_\_\_\_\_ CHOIR grades 3-5<sup>th</sup> (Elementary Campus)

DATES: September, 6, 2011 through May, 18, 2012

TIME: After school - 3:15 pm to 4:00 pm, Monday through Thursday, as per the HCS academic calendar.

Group Piano and Beginning Band Students will be escorted by HCS staff to the Middle School Building. Students may be picked up by parents (or authorized person) at 4:00 PM in the Middle School Building. All students not picked up at 4:00 pm will be escorted back to the Elementary Campus and clocked into Extended Supervision (see Extended Supervision Form for information and costs).

COST: \$96 per month + one-time \$25 materials fee (**due with this registration form**). *Billing is done on a monthly basis. Notification will be sent by email. Checks may be brought to the Business Office, OR payments may be paid online by debit card, credit card (Mastercard, Discover and American Express); however, there will be an additional 3.75% charge for this service. Payments by eCheck are charged \$0.85 per transaction.*

***Fees are for the month, and will not be pro-rated or adjusted if the child misses or if there are scheduled days off in the month. Thirty days notice is required to drop a class.***

Student Name \_\_\_\_\_ Grade 2011-12 \_\_\_\_\_

Parent/Guardian (Responsible for payment) \_\_\_\_\_

Email address\* for billing purposes: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_

Mother: home \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

Father: home \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

Please list persons, other than parents listed above, authorized to pick up student(s):

	Relationship	Daytime Phone #
Name: _____	to Student: _____	_____
_____	_____	_____
_____	_____	_____

\*Please indicate if no email address exists.

**Accounts must be kept current in order to continue using program. Accounts overdue for 30 days will be denied privilege of using program.**



HOPE CHRISTIAN SCHOOL  
 8005 Louisiana Blvd., NE  
 Albuquerque, NM 87109  
 (505) 822-8868

Received Date: _____	Time: _____
Check # _____	Amt: _____
Rev. 8-2011	