



www.royaltonmusic.com • www.professionalsuitebyrmc.com
 10167 Royalton Road - Unit A • North Royalton, OH 44133
 (440) 237-9400 (440) 237-9490 Fax

Enrollment Form

Must be completed in full prior to scheduling

Please Print

Student Name _____ Acct _____

Date of birth _____ Grade _____ School/District _____

Parent/Guardian Name _____

Address (include city & zip) _____

Home Phone _____ Parent Phone During Lesson _____

Email _____ Is this a viable way to contact you? _____

Emergency Contact Name _____ Phone _____

Instrument(s) _____

Please list any additional info that may be helpful, including medical conditions or disabilities

I have read, understood, and agreed to the terms outlined in the LESSON TUITION POLICY:

Signature (parent/guardian if under 18): _____ Date: _____

****This policy applies to all students enrolled, even if a signed acknowledgement is not returned, and supersedes any previous policies and/or contracts ****

I authorize RMC to take photographs of my student to use for marketing purposes:

Signature (parent/guardian if under 18): _____ Date: _____

Payment

By signing, I authorize RMC to charge my credit card for tuition on the 1st of each month

Credit Card Number: _____ Exp: _____

Signature of Cardholder: _____ Date: _____

Credit Card Number: _____ Exp: _____

Signature of Cardholder: _____ Date: _____

For Store Use Only

Employee initials _____ Date Mailed/Given to Customer _____

Notes _____