



www.royaltonmusic.com • www.professionalsuitebyrnc.com  
10167 Royalton Road - Unit A • North Royalton, OH 44133  
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**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 1<sup>st</sup> 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 \_\_\_\_\_