



Feel The Love

School of Music

REGISTRATION FORM

Student Name: _____ **Age:** _____ **Address:** _____

Parents Name: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Attends school at _____ **Instrument** _____ **Years played** ___ **Grade** ___

Do you play in BAND ORCHESTRA CHOIR (circle one)? Directors name: _____

Your FTL SOM teacher will be _____ **Phone** _____

Person to contact in case of emergency other than self Name: _____ **Ph#:** _____

Print your child's name as you would like it to appear in our recital programs below

\$\$ PRICING \$\$

RATE : \$25 per 30 minute lesson

\$50 per 1 hour lesson

Paying in advance (monthly) saves your time slot

Please fill out and email to: feeltheloveworship@gmail.com

If you have any questions, please contact me direct at: (210)- 313-1222

Feel The Love School of Music wants to thank you for choosing our services!!! Founded by Albert and Selina Charles, October 3rd, 2015 this ministry has grown into more than we could have ever imagined. Invitations to conferences, Annual Worship Festivals, Building Church Worship Teams across the RGV community, FB Live Worship Time, and in 2017 began our FTL School Of Music (S.O.M)! We are dedicated to bringing you our best in music education. Excellence in all things as unto the Lord! We use our experience



and share our knowledge with our students. To make sure all of our students achieve maximum benefit from each and every lesson, all customers must:

1. ***Be on time.*** PUNCTUALITY: Please be on time for your designated time slot. Lessons are scheduled back to back. Tardiness results in less time.
2. ***Pay on time.*** PAYMENT: Payments can be made in advance(monthly- this reserves your time slot) or the day of the lesson. Please make arrangements.
3. ***Let us know with time.*** CANCELLATIONS: Please let us know if you will not make your lesson. Makeup lessons are at the discretion of the teacher. Only lessons cancelled with a 24 hours notice will be given a free reschedule date in the same month or money reimbursement.

Parent Signature: _____ DATE: _____