

**ENROLLMENT AGREEMENT**

Lifeline Christian Fine Arts Academy

Director: Mike Linville II

317-494-1840

[office@lcfaa.org](mailto:office@lcfaa.org)

Student Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street Address: \_\_\_\_\_ City & Zip code: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ email: \_\_\_\_\_  
Medical Alert: \_\_\_\_\_

Previous experience: \_\_\_\_\_

Ability level: Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

\*If familiar with ISSMA, level: Group I \_\_\_\_\_ II \_\_\_\_\_ III \_\_\_\_\_ IV \_\_\_\_\_ V \_\_\_\_\_

Register for: Instrument \_\_\_\_\_ Voice \_\_\_\_\_ Art \_\_\_\_\_

Drama/Theater \_\_\_\_\_ Oral Presentation \_\_\_\_\_

Available Times: Monday \_\_\_\_\_ Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

**Tuition information:** Tuition fees are \$\_\_\_\_ per 1 hour class (\$\_\_\_\_ per hour for sibling discount) or \$\_\_\_\_ per 30-minute class. Fees are paid monthly. Your scheduled class is a reserved time so tuition fees must be paid on the first reserved master class each month. No reimbursements/credits will be given unless the instructor cancels a reserved master class session. Every six months (July-Dec., Jan.-June) each instructor is allowed to cancel **only one** weekly lesson per scheduled class without being required to reschedule or apply credit to the following bill cycle. Any extracurricular activities (tours, camps, off site performances etc.) may require additional funds and must be provided by the student. We accept cash and checks (made payable to Lifeline Christian Fine Arts Academy). Material for curriculum might be required and must be purchased by the student. Any off site performance/presentation will require a dress code and uniform at the teacher’s discretion.

**Release of Liability:** I understand that my participation or that of my child, in the activities at (or off site) Lifeline Christian Fine Arts Academy is optional. I assume all risk of injury for myself or my child(ren), and hereby waive any and all claims which may arise against Lifeline Christian Fine Arts Academy, or any instructors from any injury or ailment directly or indirectly related to me or my child(ren) participating in the activities of Lifeline Christian Fine Arts Academy. I acknowledge that neither Lifeline Christian Fine Arts Academy, its owners, or instructors are licensed medical practitioners. In the event of a medical emergency, every effort will be made to reach parents immediately; if unable to reach you, this authorizes Lifeline Christian Fine Arts Academy to call 911.

**Initials** \_\_\_\_\_

**Photo/Media Release:** I hereby grant Lifeline Christian Fine Arts Academy the right to use the name and image of the student in all forms and in all media manners, for marketing, advertising, or other lawful purposes. The undersigned hereby waives any right to inspect or approve the finished versions before any such case.

**Yes** \_\_\_ **No** \_\_\_

Your signature below denotes your understanding and acceptance of all the above stated policies and conditions.

Parent (Student 18 or older) Signature \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_