



REGISTRATION & CONDITIONS OF ENROLLMENT

Member Name: _____ Enrollment Date: _____

YOUR SCHEDULE: Choose a schedule: : **MON - WED - FRI** or **TUES - THURS - FRI**

Prior arrangements must be made if you need to alter your schedule

ELECTIVES: Check 1st and 2nd choice CLASS SIZE IS LIMITED.(one free elective each session)

_____ **VOICES:** MONDAY _____ **ORCHESTRA:** WEDNESDAY _____ **DRUMS:** THURSDAY

HOURS/ DAYS: 2:30-4:15 pm (1:45-3:30 Weds.) Hawaii DOE calendar. (no school = no ASMC)

DISMISSAL: 4:15 (3:30 Weds.). **ELECTIVES :** 5:00pm (Weds. 4:15)

PICK-UP TIME : Always arrive within 15 minutes of dismissal to pick up your keiki.

Late Pick-Up Fee: \$20 each 15 minutes.

If you must pick-up early, please let us know ahead of time. Mahalo.

SNACKS & PRIZES: During break time, snack bar items may be purchased with tokens

Tokens are earned when students come prepared with the following:

1. **Folder** 1/2' hard cover binder with pockets and 3-rings loaded with 10 sheet protectors
2. **Book** MMM Instruction Book and Current Song sheets or booklet
3. **Practice Report** *Completed by student and **SIGNED** by parent.* Turn in weekly.
4. **MMM T-shirt** PLEASE KOKUA—REQUIRED FOR CARPOOL AND PERFORMANCES

IMPORTANT NOTE : MMM T-shirts are a REQUIRED SAFETY MEASURE!

Shirts must be ON THE PERSON to earn rewards

****students not wearing an MMM t-shirt may be issued 2 NEW shirts.**

ATTENDANCE / ABSENCES: Attendance is required.

- Minimum one (1) 45-min. class on two (2) separate days per week.

Bad Weather Closures: one make-up day will be offered within the week of return

There are no other make-up days for ASMC

PRACTICE: 15 min./ day, gradually progressing to 1 hour.

- Students who lack progress due to non-participation may be released from the program.

****A Director will contact parent/guardian for conference.. There is no refund available.**

REHEARSALS Rehearsal is every Friday during ASMC.

PERFORMANCES: Monthly each 1st & 4th Friday at The Outlets of Maui. 5:00--5:45 PM

PLEASE ATTEND EVEN IF YOUR KEIKI AREN'T READY FOR STAGE YET!

ALWAYS ARRIVE 15 MIN PRIOR TO PERFORMANCE TIME!

CONDUCT: Members are taught to respect each other and to have self control.

- We encourage honesty, responsibility, excellence, perseverance.

***Maui Music Mission reserves the right to dismiss a student whose conduct is detrimental to others..

There are no refunds available..Consult with the parents to seek alternative solutions before dismissing a student.

LOST/FOUND/DAMAGED: Maui Music Mission is not responsible for personal belongings

- Do not bring valuables, jewelry, video games, iPods, cell phones or similar items.
- Instruments or other performing props may be brought at the owner's risk

SUPPORT: Parents will see maximum results when keiki efforts are frequently acknowledged. **PLEASE SIGN THE PRACTICE REPORT**

COMMUNICATION: Stay up to date! Come inside the studio for current info daily..

- Call or Text us at 808-463-7856 or 808-298-6951
- Email: mauimusicmission@gmail.com
- Facebook Join "Mau Music Mission" public group
- Join "Mission Moms and Dads" closed group

TRANSPORTATION: Carpool to Mission facility from West Maui Elementary schools.

Sign Transportation Agreement ***Transportation is also provided for special events.

CANCELLATION/REFUND POLICY.: If a child becomes too ill to participate, and absence is validated by physician, then a credit will be issued for the next session. Sorry, NO REFUNDS.

PAYMENTS & DISCOUNTS: Sibling discount (same household) 10%. Payments are due in full on the first day of each quarter. Financial Aid or monthly payments application available.

LATE REGISTRATION & FEES: New students must begin classes no later than the 3rd. Week of each session. No Discount for Late Registration! **LATE PICK-UP FEE:** \$20 each 15 minutes. **Late fees:** \$5 per day may be added to unpaid invoices. If you are unable to make full payment, please see us for financial aid options.

The safety, health, and welfare of each student are our highest priorities. Member and parent/guardians both agree to abide by the rules set by the Mission. I have understand and agree to all of the "Conditions of Enrollment"

**Signature of Parent / Guardian

Date

STUDENT NAME

First: _____ Last: _____
Nickname: _____ GENDER **M F**) Race: _____
AGE: _____ BIRTHDATE: ___/___/___ GRADE : _____
SCHOOL: _____
HOME PHONE :(_____) _____ CELL PHONE:(_____) _____

MAILING ADDRESS:

PARENT /GUARDIAN (1) : Relationship: _____

Name: _____ CellPhone:(_____) _____

Email: _____ Facebook Name: _____

Employed at: _____

PARENT /GUARDIAN (2): Relationship: _____

Name: _____ Cell Phone: (_____) _____

Alternate **EMERGENCY CONTACT**: Relationship: _____

Name: _____ Cell Phone: (_____) _____

I agree to all of the Conditions of Enrollment, and am familiar with the Ohana Practice Guide, I received a schedule of classes and performances for the current session. I agree to the fees and conditions listed including that Maui Music Mission shall be held harmless in all circumstances without limitation. I understand that payment is due by the first day of each quarter, and that there are no refunds, prorates, nor any other discounts available

** Parent / Guardian signature: _____ Date: _____

How did you hear about Maui Music Mission? _____

Rules for acceptance and participation in the program are the same for everyone without regard to ethnicity, national origin, gender, orientation or disability. 1401 Kenui Place, Lahaina, HI 96761 PHONE 808-463-7856 PHONE 808-298-6951 EMAIL: maumusicmission@gmail.com
AFTER SCHOOL MUSIC CLUB

Make checks payable to: Maui Music Mission

LIABILITY RELEASE FORM

My name is _____

I am the parent / legal guardian of _____

I give my permission to Reuben or Ronda Pali to authorize medical treatment for my child in the event of an emergency. I also agree to hold Maui Music Mission, it's owners and associates, HARMLESS of liability under ANY and ALL circumstances.

• The parent/guardian gives Maui Music Mission permission to transport student in case of emergency. **Initials:** _____

• In case of medical or surgical emergency, I hereby give permission to the physician selected by the Mission Director to hospitalize and secure proper treatment for the student listed **.Initials:** _____

• I agree to reimburse Maui Music Mission for any cost it may incur in the medical treatment of the student member.. **Initials:** _____

Insurance company, phone number policy number:

Signature: Phone # Date:

PHOTOGRAPHIC IMAGES RELEASE

• The undersigned consents to the use of any photographs or film footage taken of this member for advertising, promotion, or any productions authorized by Maui Music Mission and its affiliates.

Signature: Date:

CARPOOL AND TRANSPORTATION AGREEMENT

- Transportation provided from Lahaina schools to Maui Music Mission.
- Students wait together near their school building to wait for our driver to arrive.
- One way only.

Student Name: _____ School: _____ Grade: _____

Parent /Guardian Name: _____ Phone Number: (____) _____
Email: _____

Transportation Conduct Agreement: Student initial each line

Member must show courtesy to all other passengers, school supervising staff, and driver.

Init. _____

Courteous behaviors means we treat others as we want to be treated.

Init>. _____

Discourteous behaviors which disrupt activities and disturb others will be reported to parents

Immediately. Init. _____

More than one report to parents may result in discontinuation of transportation service for the member. Init. _____

There are no refunds, even if member is otherwise unable to attend. Inti. _____

Maui Music Mission considers the safety and well being of your keiki our highest priority
We address discourteous behaviors with a positive approach

I agree to the terms of this Transportation Agreement. I give permission to Maui Music Mission to transport my child from school to Music Mission facility after school. I further agree to hold Maui Music Mission and its affiliates HARMLESS OF LIABILITY in any and all circumstances regarding the transportation and supervision of my child.

Parent Name PRINT: _____:

Signature: _____ Date: _____

Member Name: _____

Signature: _____ Date: _____