



Fine Arts Academy First United Methodist Church of Colleyville

1000 Church St, Colleyville, TX 76034

817-281-5254 Church Office

[finearts@fumccolleyville.org](mailto:finearts@fumccolleyville.org)

This section to be  
completed by FAA Office

Student _____	Teacher _____
Dates Attending _____	Day _____
Class _____	Time _____
Other Information _____	

### Music Registration (Please Print)

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Street Address \_\_\_\_\_

Phone \_\_\_\_\_

City/Zip \_\_\_\_\_ Email \_\_\_\_\_

Complete the following if Student is under age 18:

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

Adult persons authorized as "Designees" (The undersigned parent or a Designee are required to be in attendance during the lesson and maintain "line-of-sight contact" with the student.)

Name/Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name/Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name/Relation \_\_\_\_\_ Phone \_\_\_\_\_

### Tuition & Fees (Check applicable lesson)

☐ 30 minute lesson @ \$37.50/lesson

☐ 45 minute lesson @ \$56.25/lesson

☐ 60 minute lesson @ \$75.00/lesson

Fees are payable monthly in  
advance. See the Online  
Payment Instructions.

Registration Fee/Semester/Individual.....\$15.00

Registration Fee/Semester/Household .....\$20.00

The undersigned agrees to accept full responsibility for this child's participation in this church-related activity and releases First United Methodist Church of Colleyville, its staff, and the Fine Arts Academy staff and volunteers from personal liability for injury or illness resulting under all circumstances save gross negligence. I hereby give permission that in the case of illness or accident requiring a physician's immediate attention, and if I cannot be contacted, a physician or hospital staff designated by the program may administer medical aid at my expense. In the event of an emergency and if the student is a minor, we may contact any of the above adults.

If the student is under the age of eighteen, the undersigned acknowledges that any one of the above listed adults must be present during the student's music lesson in compliance with the FUMCC Safe Sanctuary Policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Relation \_\_\_\_\_