



Sign-Up Form At American Cathedral 2019-2020

We are delighted that you are joining or returning to The American Conservatory of Paris. In order to enroll in the Conservatory please go through all the steps listed below and either mail or e-mail us your completed sign-up form.

Procedure

1. Fill out your **personal information** & choose **class age group** (page 2).
2. Choose **payment option** & fill out, sign & date the **automatic payment authorization SEPA form** (page 3).
3. Sign & date a copy of the **school policies** (page 4).

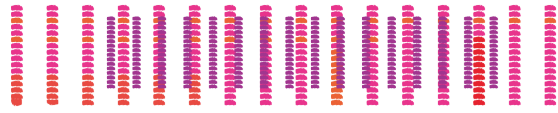
The Conservatory will contact you by e-mail as soon as we receive your sign-up form. Please note that only complete files will be processed and that they will be processed in the order that they are received. There are a limited number of spaces available. The association membership and inscription fees will only be withdrawn upon confirmation of your classes and are non refundable. If we are unable to provide classes to you, all payments will be reimbursed.

Contact

Mailing address:
The American Conservatory of Paris
37 avenue de la République
75011 Paris

E-mail:
admissions@americanconservatoryofparis.com
Website:
americanconservatoryofparis.com

Telephone:
01 82 09 57 35
06 37 86 04 98



THE AMERICAN CONSERVATORY OF PARIS

Sign-Up Form
At American Cathedral 2019-2020

Personal Information

Student

Last name: _____

First name: _____ M / F

Date of birth: ____ / ____ / ____ (DD/MM/YYYY) Nationality: _____

School: _____ Grade: _____

Parent/Guardian

Last name: _____

First name: _____

Tel: (Home) _____ (Mobile) _____

E-mail: _____

Address: _____

Zip code: _____ City: _____

Referred by: _____

How did you hear about us?: _____

Are you a member of the American Cathedral?: _____

Classes & Fees - 27 classes/year Starting October 2, 2019

(Choose appropriate age group)

Music Discovery	Day	Time
<input type="checkbox"/> 5 to 6 years old	Wednesdays	16h00-17h00
<input type="checkbox"/> 4 to <5 years old	Wednesdays	15h00-16h00

Fees	2 Payments	1 Payment
Music Discovery	There is a 15€ association and application fee charged per family per year.	
	202,50€ (15€/class)	405€ (15€/class)

- There are 27 weeks of classes per year from October-June.



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Payment Options

(Choose one option.)

The Conservatory will send you an invoice according to your choice.

- 2 semesterly payments by automatic payment authorization
- 1 yearly payment by automatic payment authorization

Automatic Withdrawal Authorization SEPA Form



By signing this mandate, you authorize

- (A) The American Conservatory of Paris to send instructions to your bank to debit from your account, and
- (B) your bank to debit your account conforming to the instructions of The American Conservatory of Paris.

You have the right to be reimbursed by your bank according to the conditions described in the contract you agreed upon with your bank. A request to be reimbursed must be presented within 8 weeks after the date of debit to your account for an authorized withdrawal.

En signant ce formulaire de mandat, vous autorisez

- (A) The American Conservatory of Paris à envoyer des instructions à votre banque pour débiter votre compte, et
- (B) votre banque à débiter votre compte conformément aux instructions de The American Conservatory of Paris.

Vous bénéficiez du droit d'être remboursé par votre banque suivant les conditions décrites dans la convention que vous avez passée avec elle. Une demande de remboursement doit être présentée dans les 8 semaines suivant la date de débit de votre compte pour un prélèvement autorisé.

(The Conservatory will designate you a mandate number.)

Référence unique du mandat : _____

Identification creditor SEPA
Identifiant créancier SEPA
FR39ZZZ636501-001

Debtor/Débiteur :

Name/Votre Nom _____

Address/Votre Adresse _____

Postal Code/Code Postal _____ City/Ville _____

Country/Pays _____

Creditor /Créancier :

The American Conservatory of Paris
37 Avenue de la République
75011 Paris
France

IBAN

BIC

Payment : Yearly Semesterly

Païement : Annuel Semestriel

IMPORTANT : The yearly association and application fees of 15€ per family will be withdrawn with my 1st payment.

Signed in (City) : _____
A : _____

Date : / /
Le: _____

Signature : _____



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School Policies

Registration and Payment

A complete application form must be filled out. A parent or guardian's signature is required. The yearly association membership (15€) fees will be withdrawn along with your first automatic withdrawal. **Enrollment is annual.** Tuition is due depending prior to your first class. Tuition fees are prorated for students beginning after October.

Class Schedule

There are 27 weeks of class per year. The number of lessons is prorated to the date you start.

Missed Classes

Classes that must be missed due to teacher illness or professional obligations will be rescheduled or refunded. If a student misses a class, it will not be rescheduled or refunded.

Cancellation Before Classes Begin

If a student cancels their registration before classes begin, the full application and association membership fees will be lost.

Discontinuation/Withdrawal

Students who are unable to continue their participation in the Conservatory Programs due to illness, relocation or other extenuating circumstances at the **discretion of the Conservatory**, will receive a prorated refund of their tuition less a 100€ cancellation fee. In other cases, the entire academic year tuition fee will be charged whether classes are taken or not. Parents or legal guardians must notify the Conservatory by certified letter at least 3 weeks before the beginning of a trimester of the intent of discontinuation/withdrawal. Informing the instructor of the intent to withdraw, or not attending classes, does not constitute withdrawal.

Refunds

NO REFUNDS will be issued for tuition paid for the ongoing school year other than in unavoidable, documented circumstances, at the **discretion of the Conservatory**.

The association and application fees are refundable **only** if the Conservatory is not able to provide the student a spot in the class.

Right to Image

I authorize The American Conservatory of Paris to take photos and videos of my child during the Conservatory's activities and to use them for educational purposes and on our website.

YES NO

I, _____, the undersigned, acknowledge that I have received a copy of The American Conservatory of Paris' School Policies. I understand and agree to all of these policies including the Missed Classes and Refund Policies.

Signature of Parent/Guardian

Date