

Summer'08 registration form *RHODE ISLAND PHILHARMONIC MUSIC SCHOOL*

PARENT/BILLING INFORMATION

Parent/Guardian Name(s): _____
 Street Address: _____
 City/State/Zip: _____
 Home Phone: _____ Cell Phone: _____
 Email Address: _____
 Name of Person responsible for bill (if different from above): _____
List billing address on back if different from above

STUDENT INFORMATION

Student Name: _____ Date of Birth: _____
 School attending (Fall'08): _____ Grade (Fall'08): _____
 Gender (Male/Female): _____ Ethnicity (optional): _____
 Are there any health concerns or developmental delays we should know about? (please list below) Yes/No: _____

COURSE INFORMATION

Preferred lesson site: _____ Central _____ East Bay _____ West Bay _____ Other _____
 Instrument/Class: _____ Instructor: _____
 Lesson Length: 30 minute 45 minute 60 minute Other _____
STUDENT AVAILABILITY: (Please list ALL options. Circle your preferred days.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Could arrive by:	_____	_____	_____	_____	_____	_____
Must leave by:	_____	_____	_____	_____	_____	_____

Weeks available: _____ Week of June 17 (No Monday) _____ Week of June 23 _____ Week of June 30 _____ Week of July 7
 _____ Week of July 14 _____ Week of July 21 _____ Week of July 28 _____ Week of Aug 4

NEW STUDENTS: Help us select an appropriate teacher. On the reverse side or separate sheet, briefly tell us about the student (study/practice habits, special needs, personal goals for music student, and music styles of interest). Please write legibly.

When you or your child registers as a student, you are agreeing to abide by the policies and adhere to the payment dates. Please read the General Policies and contact our staff if you have any questions.

FOR OFFICE USE ONLY	
Branch:	
Instrument:	
Instructor:	
Lesson Day/Time:	
Lesson Length:	
# of Weeks:	
Start Date:	

TUITION: _____
 Registration Fee (\$25 individual / \$50 family): _____
 Late Registration Fee (\$20 individual/\$25 family): _____
 SUBTOTAL: _____
 Less Credit On Account: _____
 LESS PAYMENT: _____
 *BALANCE DUE: _____
** = Financial aid, Work Study and discounts will be deducted if applicable*

CASH CHECK # _____ MASTERCARD VISA
 I give permission for my credit card to be charged automatically for the semester, school year, and/or until balance is paid in full.
 CREDIT CARD # _____ Exp. Date: _____

Mail or fax form and deposit to: The Music School, 667 Waterman Avenue, East Providence, RI 02914 • Fax: 401.248.7071
PLEASE COMPLETE THE ENTIRE FORM LEGIBLY. FORMS NOT COMPLETED WILL DELAY REGISTRATION PROCESS.
Phone registrations will not be accepted.

QUESTIONS? CALL THE REGISTRAR'S OFFICE AT 401.248.7036