

# POWERS MUSIC SCHOOL REGISTRATION FORM 2011-2012

## STUDENT INFORMATION *One form for each student.*

Student: \_\_\_\_\_  M  F Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Primary E-mail: \_\_\_\_\_

Parent/Adult  Mr.  Mrs.  Ms.  Dr.: \_\_\_\_\_

Work/  Cell Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent/Adult  Mr.  Mrs.  Ms.  Dr.: \_\_\_\_\_

Work/  Cell Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

In case of lesson/class cancellation, please call me at:  Home  #1 Work  #1 Cell  #2 Work  #2 Cell

## PROGRAM INFORMATION

FULL YEAR PROGRAMS	Instrument	Teacher Name	Lesson Length	Preferred Days and Times	Tuition
Private Lesson 1st Instrument			<input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60		
Private Lesson 2nd Instrument			<input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60		
Suzuki Private Lesson w/Group			<input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60		
Keys for Kids	Class Name:			Day and Time:	
Ensemble	<input type="checkbox"/> Chamber Music <input type="checkbox"/> Jazz <input type="checkbox"/> Rock <input type="checkbox"/> Viol Consort			Day and Time:	
SEMESTER PROGRAMS	Program Name			Day and Time	Tuition
Group Class					
Summer Program					

## PAYMENT INFORMATION *Appropriate payment must accompany this registration form in order to be processed.*

<input type="checkbox"/> Check #: _____ Amount \$: _____	Total Tuition Cost from column above	\$
Please charge my: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover	- Discount (if applicable)	\$
Card #: _____ Exp. Date: _____	Add: Registration Fee (\$30 per student /\$60 per family)	\$
Name as it appears on card: <i>By providing a credit card number, you are authorizing Powers Music School to charge any current balance at time due.</i>	Add: Materials/Book Fee (if applicable)	\$
<input type="checkbox"/> Please enroll me in the Extended Payment Plan (available for Full Year Programs only). My credit card on file will be charged if payment by check is not received within 5 days of due date. A \$30 Payment Plan Fee applies.	Add: Payment Plan Fee (\$30 per year if applicable)	\$
<input type="checkbox"/> I am applying for Financial Aid. I have attached my Financial Aid Application and the \$30 annual registration fee.	<b>TOTAL AMOUNT</b>	\$
The following information is requested by state and federal funding sources (check appropriate box): <input type="checkbox"/> African/African American <input type="checkbox"/> Asian <input type="checkbox"/> Latino <input type="checkbox"/> Native American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other:	<b>TOTAL DUE NOW</b>	\$

## SIGNATURE REQUIRED

My signature indicates that I have read and understand Powers Music School's Policies and accept responsibility for all charges and fees that may be incurred. I allow full use of photographs and videos taken of the above registered student at all Powers Music School sponsored events.	
Signature (must be 18 years or older): _____	Date: _____

Powers Music School does not discriminate on the basis of age, race, color, nationality, sex, ethnic origin or religious belief in its admissions, financial aid, scholarship and other educational policies.

**Return this form to: Powers Music School, P.O. Box 398, Belmont, MA 02478 • Phone: (617) 484-4696 Fax: (617) 489-7353**