



# Saturday Conservatory of Music

## Enrollment Form

A Project of Community Partners

### STUDENT INFORMATION

New Student     Current Student     Returning Student after how long? \_\_\_\_\_     Male     Female

Name

(Last)

(First)

(Middle)

(Nickname)

Today's

Date

Birthday

School

(Month / Day / Year)

(Month / Day / Year)

Primary Phone

Secondary Phone

Student's Email

Address

(City)

(Zip )

### PARENT or GUARDIAN INFORMATION

Student lives with:     Both Parents     Mom     Dad     Shared Custody     Guardian     Other

#### Parent or Guardian (or First Emergency Contact)

Name

Mother

Father

(Last)

(First)

(Middle)

Cell Phone

Home Phone

Work Phone

Address (if different from student's)

(City)

(Zip )

Email

Occupation, Title, Employer

### MEDICAL INFORMATION

Student's Health Issues (Allergies, Asthma, Special Needs, etc.)

#### Person Authorized to care for Student in Emergency (If other than those listed above)

Name

Relationship

Phone

Doctor's Name

Phone

Preferred Hospital (if no family doctor)

### MEDICAL and LIABILITY RELEASE

I absolve and hold harmless the Saturday Conservatory of Music and Community Partners, the staff, or Board of Directors from any liability which may result from the participation of any minor in my legal custody. If the participant is a minor, I give my permission for any necessary emergency medical treatment. I understand the Saturday Conservatory of Music and Community Partners have no obligation to supervise my children outside of the classroom. I release their staff and Board of Directors from any liability resulting from any lack of supervision of my child at the completion of their classes.

(Signature of Parent or Guardian)

(Date)

### PUBLICITY RELEASE

Students involved in instruction at the Saturday Conservatory of Music, may be photographed and/or videographed and such media may be used for educational purposes, and to publicize programs at the Saturday Conservatory of Music. I permit the use of any such photos or video of my family (or guardians of the minor) and my child.

(Signature of Parent or Guardian)

(Date)

**Name**

(Last Name *from page one*) (Name as it should appear in print, *if different from page one*)

**Ethnicity and Household Information** (Optional: For Grant Purposes Only)

Ethnicity  African American  Asian or Pacific Islander  Caucasian  Hispanic/Latino  Native American  Other

# of Brothers Age (s) # of Sisters Age (s) Home Language City of Birth

**INSTRUMENT SELECTION and BACKGROUND**

Has the Student studied music before?  yes  no If yes, how long and where? \_\_\_\_\_

Instrument \_\_\_\_\_ Additional Instrument? \_\_\_\_\_

Do you have the instrument you wish to study?  yes  no Student currently taking private lessons?  yes  no

**TUITION**

\$10 Registration Fee (nonrefundable)

\$120 Basic Tuition (theory, instrument or voice class, ensemble)  
\$40 Additional Instrument  
\$10 Additional Ensemble

OR \$50 Youth Symphony West/Ensemble (must take private lessons)  
\$40 Additional Ensemble

Sibling Discount -\$5 (each student)

Full Name of 1st sibling at SCM \_\_\_\_\_

Full Name of 2nd sibling at SCM \_\_\_\_\_

Full Name of 3rd sibling at SCM \_\_\_\_\_

Full Name of 4th sibling at SCM \_\_\_\_\_

**OFFICE USE ONLY**

**2011 - 2012 Payments**

Date	<input type="checkbox"/> check <input type="checkbox"/> cash #	Amount	Balance Due	Accepted by
Date	<input type="checkbox"/> check <input type="checkbox"/> cash #	Amount	Balance Due	Accepted by
Date	<input type="checkbox"/> check <input type="checkbox"/> cash #	Amount	Balance Due	Accepted by

**Schedule**

Time	Name of Class	Approval and Placement	Room #
8:00			
9:00			
10:00			
11:00			