

STUDENT REGISTRATION FORM

Fall and Spring

Part 1: Participant Information – PLEASE PRINT

Please submit completed form with payment and scholarship request, if applicable. Schedules, tuition and policy information can be found online at www.baychamberconcerts.org or at the office at 18 Central St., Rockport. Please discuss faculty and availability with Registrar before submitting.

Student Name: _____
First Last

Nickname: _____ Gender: _____ DOB: _____
MM / DD / YYYY

Mailing address: _____
Street

City State Zip

Home Phone: _____ Cell Phone: _____

Email: _____

Instrument: _____ Length of time played? _____

Current music teacher: _____
Name

Phone Email

School: _____ Grade: _____

Additional students in family, or additional instrument/class for Student 1:

Student #2 Name: _____
First Last

Nickname: _____ Gender: _____ DOB: _____
MM / DD / YYYY

Instrument: _____ Length of time played? _____

Current music teacher: _____
Name

Phone Email

School: _____ Grade: _____

**Administrative Offices and
Music School**

18 Central Street, 5th Floor
Rockport, ME 04856

Mailing Address

PO Box 599
Rockport, ME 04856

Phone

(207) 236-2823

Fax

(207) 230-0454

Website

www.baychamberconcerts.org

Student #3 Name: _____
First Last

Nickname: _____ Gender: _____ DOB: _____
MM / DD / YYYY

Instrument: _____ Length of time played? _____

Current music teacher: _____
Name

Phone _____ Email _____

School: _____ Grade: _____

Part 2: Parent/Guardian Information (If participant is 18 years or younger)

Bill to Parent 1/Guardian 1 Bill to Parent 2 /Guardian 2

Name: _____

Name: _____

Mailing Address: _____
(If different from above)

Mailing Address: _____
(If different from above)

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Emergency Contact: _____
Name Phone

Part 3: Fees

A non-refundable **\$30 registration fee** is due with this application. If participant is enrolled in one or more programs, or if multiple family members are enrolled in a given year, only one registration fee is required per family per year. Please contact the office to verify discount eligibility. All discounts will be applied by Bay Chamber. *Applications will not be considered complete unless all following questions are answered.*

Private Instruction Tuition

Instrument 1: _____ Instrument 2: _____

Tuition

Lesson Fees

30 minutes: \$44
45 minutes: \$52.50
60 minutes: \$62
90 minutes: \$93

16 weeks: Fall or Spring

30 minutes: \$704
 45 minutes: \$840
 60 minutes: \$992
 90 minutes: \$1488

32 weeks: Fall and Spring

30 minutes: \$1408
 45 minutes: \$1680
 60 minutes: \$1984
 90 minutes: \$2976

INSTRUCTION TOTAL \$ _____

Single Private Lessons: \$75 per hr. (one hr. minimum)

Single Ensemble Coaching: \$60 per hr. (one hr. minimum) or 4 students or more \$15/ea./hr. \$ _____

TOTAL:	\$ _____
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Please choose one of the following Deposit Amounts (if paying in Full no deposit required)

- Scholarship applicant: 10% deposit of TOTAL
- Register for FULL YEAR of Private Instruction and/or Odeon: 10% deposit of TOTAL
- Registration for one semester or individual classes: 20% deposit of TOTAL

Deposit Amount (*Deposits will be applied to total tuition*) \$ _____

Registration fee (\$30 per family/per YEAR) \$30 \$ _____

Your gift to support our Scholarship Fund \$ _____

Amount enclosed (deposit + registration fee + gift) \$ _____

BALANCE DUE (TOTAL less AMOUNT ENCLOSED) OR (Full Payment plus registration) \$ _____

Part 4: Payment - Payment is due before the first class.

Payment Options: (check one)

- Full Payment **100%** due with this application (deposit not required if paid in full). Save the \$5/mo. multi-payment fee. Payment due before first class.
- Multi-payment plan Four payments due or charged automatically to credit card in Fall and Spring. **Visa or MasterCard debit or credit card, check or cash accepted. \$5/month fee for multi-payment plan.** First payment due before first class.
Payment due dates: Sept 1, Oct 1, Nov 1, Dec 1 (Fall) and Jan 1, Feb 1, March 1, Apr 1 (Spring)
- Scholarship applicant Please submit scholarship application and copy of most recent Federal Income Tax form 1040. Full payment or multi-payment plan for Fall and Spring are based on scholarship award. **\$5/month fee for multi-payment plan.** First payment due before first class.
- Enclosed is **Check #:** ___ or **Cash** ___ Full payment (or) Multi-payment plan **\$5/month fee for multi-payment plan**
Payment due dates: Sept 1, Oct 1, Nov 1, Dec 1 (Fall) and Jan 1, Feb 1, March 1, Apr 1 (Spring)
Please make check(s) payable to Bay Chamber Concerts

OR

I authorize Bay Chamber to charge my account now:

- Payment in Full to my debit or credit card: Visa MasterCard
- Please charge \$ _____ Deposit to my debit or credit card: Visa MasterCard

I authorize Bay Chamber to automatically charge my account when tuition is due in Fall and Spring:

- Please charge \$ _____ Balance Due in full to my credit card
- Multi-payment (4 payments per semester) **\$5/month fee for multi-payment plan**
Payment to be charged on: Sept 1, Oct 1, Nov 1, Dec 1 (Fall) and Jan 1, Feb 1, March 1, Apr 1 (Spring)

Card number: _____ Exp Date: _____ CVV# _____
(3 digit code on reverse of card)

Cardholder name (please print) _____

Signature _____ Date _____

Late registration will be pro-rated.

Part 5: Volunteering

Would you or your child be willing to volunteer time at Bay Chamber events and/or for occasional administrative support? Yes No

Part 6: Policies and Procedures, Photo Release and Communication Verification

By signing this form I (we) agree to abide by the Bay Chamber Music School Policies and Procedures as presented to me upon registration and included here. My signature below indicates the information above is complete and accurate.

PHOTO RELEASE: **I give** **I do NOT give** Bay Chamber permission to publish in print, electronic, or video format the likeness or image of myself/my child. I release all claims against Bay Chamber with respect to copyright ownership and publication including any claim for compensation related to use of the materials. I understand cautionary steps will be taken to provide minimum identifying information and no specific mailing address or phone number will be used.

Participant's signature

Printed name

(Parent's signature is required if participant is under 18 years of age)

Part 7: Scholarship

Bay Chamber provides scholarship in case of financial need, so that all eligible students may participate, regardless of ability to pay.

Scholarships are based on proven financial need, household income, family size, financial obligations, and are limited by the availability of Bay Chamber resources. Tuition assistance will not exceed 75% of tuition. **Please attach a copy of most recent Federal Income Tax form (1040) with this application. Your request for scholarship will not be considered without a copy of this form.**

- 1. Total annual income of household from all sources (include salaries, wages, alimony, child support, social security, disability, public assistance, etc.) \$ _____
- 2. Number of people supported by this income: _____
- 3. Number of dependent children in family: _____
- 4. Does your child receive reduced or free lunch? Yes _____ No _____

The financial aid committee will also take into consideration any special circumstances regarding your current family or financial situation. Please add any comments below that you feel would be important for the financial aid committee to consider when reviewing your application. If you need more room, feel free to include a separate letter with your application.

Student(s) Name _____