

# STUDENT REGISTRATION FORM

## Summer

### 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](http://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: \_\_\_\_\_ DOB: \_\_\_\_\_  
MM / DD / YYYY

Youth student     Adult student    Gender:  Male     Female

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: \_\_\_\_\_ DOB: \_\_\_\_\_  
MM / DD / YYYY

Youth student     Adult student    Gender:  Male     Female

Instrument: \_\_\_\_\_ Length of time played? \_\_\_\_\_

Current music teacher: \_\_\_\_\_  
Name

Phone Email

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Administrative Offices  
and Music School**  
18 Central Street, 5<sup>th</sup> Floor  
Rockport, ME 04856

**Mailing Address**  
PO Box 599  
Rockport, ME 04856

**Phone**  
(207) 236-2823

**Fax**  
(207) 230-0454

**Website**  
[www.baychamberconcerts.org](http://www.baychamberconcerts.org)

**Student #3 Name:** \_\_\_\_\_  
First Last

Nickname: \_\_\_\_\_ DOB: \_\_\_\_\_  
MM / DD / YYYY

Youth student     Adult student    Gender:  Male     Female

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: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
(If different from above) (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**

**NEW STUDENTS:** 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**

<u>Weekly (min. 3 weeks)</u>	<u>6 Weeks</u>	<u>9 Weeks</u>	
30 minutes: \$44	<input type="checkbox"/> 30 minutes: \$264	<input type="checkbox"/> 30 minutes: \$396	
45 minutes: \$52.50	<input type="checkbox"/> 45 minutes: \$315	<input type="checkbox"/> 45 minutes: \$472.50	
60 minutes: \$62	<input type="checkbox"/> 60 minutes: \$372	<input type="checkbox"/> 60 minutes: \$558	
90 minutes: \$93	<input type="checkbox"/> 90 minutes: \$558	<input type="checkbox"/> 90 minutes: \$837	

Number of weeks \_\_\_ x rate  
**INSTRUCTION TOTAL \$** \_\_\_\_\_

**Group Class registration:** (Refer to [www.baychamberconcerts.org](http://www.baychamberconcerts.org) for group class information)

1. Class Name: \_\_\_\_\_ Tuition: \$ \_\_\_\_\_

2. Class Name: \_\_\_\_\_ Tuition: \$ \_\_\_\_\_

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

**TOTAL** from above: (Private Instruction tuition + group classes + registration fee) \$ \_\_\_\_\_

**Part 4: Payment - Payment is due before the first lesson**

**Payment Options: (check one)**

- Full Payment **100%** due with this application. Full payment is required if registering for the minimum of 3 lessons. Save the \$5/month multi-payment fees.
- Multi-payment plan If registering for more than 3 lessons: Two payments due or charged automatically to credit card. The first payment due upon registration and before the first lesson; the second payment due on date of 3<sup>rd</sup> lesson. **Visa or MasterCard debit or credit card, check or cash accepted. \$5/month fee for multi-payment plan.**
- Scholarship applicant **FOR RETURNING and NEW APPLICANTS:** Please submit scholarship application and copy of your most recent Federal Income Tax form 1040. Full payment or multi-payment plan is based on scholarship award. First payment due before first lesson. **\$5/month fee for multi-payment plan.**

- Enclosed is **Check #:** \_\_\_\_ or **Cash** \_\_\_\_  Full payment (or)  Multi-payment plan **\$5/month fee for multi-payment plan**  
*Please make check(s) payable to Bay Chamber*

**OR**

I authorize Bay Chamber to charge my account now:

- Payment in Full to my debit or credit card:  Visa  MasterCard

I authorize Bay Chamber to automatically charge my account when tuition is due:

- Multi-payment (2 payments: 1<sup>st</sup> one upon registration and 2<sup>nd</sup> one before the 3<sup>rd</sup> lesson; \$5/mo. fee)

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

Cardholder name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part 5: Volunteering**

Would you or your child is 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. **Please attach a copy of your 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.

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Student(s) Name \_\_\_\_\_

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