

# 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](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: \_\_\_\_\_ 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 and 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 and Email

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

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

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

**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)

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

Current music teacher: \_\_\_\_\_  
Name, Phone and 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 Relationship Phone

**Physician:** \_\_\_\_\_  
Name Phone

**Allergies:** \_\_\_\_\_ **Student:** \_\_\_\_\_

**Permission to have you/student treated at a nearby hospital in an emergency?**  Yes  No

**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: \_\_\_\_\_

FULLY ENROLLED:

Lesson Fees

30 minutes: \$44  
45 minutes: \$54  
60 minutes: \$64  
90 minutes: \$94

16 weeks: Fall or Spring

30 minutes: \$704  
 45 minutes: \$864  
 60 minutes: \$1024  
 90 minutes: \$1504

32 weeks: Fall and Spring

30 minutes: \$1408  
 45 minutes: \$1728  
 60 minutes: \$2048  
 90 minutes: \$3008

PARTIALLY ENROLLED:

Lesson Fees

30 minutes: \$49  
45 minutes: \$59  
60 minutes: \$69  
90 minutes: \$99

**INSTRUCTION TOTAL:**

**\$** \_\_\_\_\_

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** \$ \_\_\_\_\_

**Your gift to support our Scholarship Fund** \$ \_\_\_\_\_

**Amount enclosed** (deposit + registration fee + gift) \$ \_\_\_\_\_

<b>BALANCE DUE</b> (TOTAL less AMOUNT ENCLOSED) <u>OR</u> (Full Payment plus registration)	<b>\$</b> _____
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**Part 4: Payment - Payment is due before the first lesson**

**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 lesson.
- 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 lesson.  
**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 lesson.
- 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.*

**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 \_\_\_\_\_

**Registration will be pro-rated if joining after the start of the semester.**

**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 and Photo Release**

**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.

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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 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 \_\_\_\_\_