

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 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, 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: _____ 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 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

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: \$54	<input type="checkbox"/> 45 minutes: \$324	<input type="checkbox"/> 45 minutes: \$486	
60 minutes: \$64	<input type="checkbox"/> 60 minutes: \$384	<input type="checkbox"/> 60 minutes: \$576	
90 minutes: \$94	<input type="checkbox"/> 90 minutes: \$564	<input type="checkbox"/> 90 minutes: \$846	

Number of weeks ___ x rate
INSTRUCTION TOTAL \$ _____

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

Group Class registration: (Refer to 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 3rd 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: 1st one upon registration and 2nd one before the 3rd 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 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 (Parent's signature required if participant is under 18 years of age)

Printed name

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.

Student(s) Name _____

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Rockport ME 04856
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