

STUDENT REGISTRATION FORM

Group Classes

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/YY

Mailing address: _____

Street

City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email: _____ Instrument: _____

Emergency Contact: _____

Relationship

Part 2: Group Classes

- Ukulele Workshops** Fee: \$20 adult; \$10 age 12 - 25
Free to fully enrolled private instruction students at Bay Chamber
Sat. Nov 2nd: 1-2pm Beginner 1; 2-3pm Beginner 2
- Chamber Music Coaching** Fee: \$180/semester 12 wks
For fully enrolled private instruction students at Bay Chamber the first group is free; additional groups are \$180/semester.
- Guitar Workshop** with Jeff Rojo Fee: \$60 /semester (monthly)
Free to fully enrolled private instruction students at Bay Chamber
- Jazz Ensemble** with Mike Whitehead, Nate Martin Fee: \$180/semester 12 wks
Free to fully enrolled private instruction students at Bay Chamber
- Summer Reading Orchestra** with Deirdre McClure Fee: \$60/semester 4 sessions
Dates TBD

Odeon Ensemble Program (meets weekly)

Free to private instruction students fully enrolled at Bay Chamber

One Semester: Fall or Spring

- Odeon Allegro \$200 Mondays
- Odeon Chamber Orchestra \$300 Tuesdays
- Odeon Adult Orchestra \$300 Tuesdays

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

Make-ups are not offered for group classes.
Scholarships are available to those who qualify. See page 3.

TOTAL DUE before class starts \$ _____

Part 3: Payment

Enclosed is check no: _____ Full payment due. *Please make check 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

Card number: _____ Exp. Date: _____ CVV# _____

(3 digit code on reverse of card)

Cardholder name (please print) _____

Signature _____ Date _____

Part 4: Volunteering

Would you or your child be willing to volunteer time at Bay Chamber events and/or for occasional administrative support?

Yes No

Part 5: 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 is required if participant is under 18 years of age)

Printed name

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 _____