

2016/2017 Music For Aardvarks Registration Form

Indian Hill Music School P.O Box 1484, Littleton, MA 01460 Tel. (978) 486-9524 Fax (978) 486-9844

Classes are non-refundable unless cancelled by Indian Hill Music.

Family Name:

() New Student HOW DID YOU HEAR ABOUT US? _____

() Continuing Indian Hill Student

Student Name _____ Date of Birth _____ Male/Female _____

School (if applicable): _____

Home Phone # _____

Address _____ Town _____ State _____ Zip _____

Parent Name _____ Circle One: Mother /Father /Guardian Cell # _____

Work # _____ Email _____

Parent Name _____ Circle One: Mother /Father /Guardian Cell # _____

Work # _____ Email _____

Emergency Contact: _____

(Name)

(Relationship)

(Phone)

List student's allergies, special needs, physical limitations, or medical issues: [] None

Indian Hill is required to maintain records for reporting to state and federal funding agencies. Please check one:

() Caucasian () African-American () Asian-American () Native-American () Hispanic () Other _____



I have reviewed the policies and procedures in print or on the web site and agree to abide by them.

Signature _____ **Date** _____

Non-Discrimination Policy: Indian Hill Music does not discriminate on the basis of race, color, religion, gender, sexual orientation, national origin, citizenship, ancestry, age, mental or physical disability, veteran status, or any other category protected under applicable law in its admissions, education programs, activities, or employment policies.

Please register early since classes that do not meet the minimum number of students required to run may be cancelled 2 weeks prior to the start date.

PAYMENT: Please enclose tuition with registration. *This form is not valid unless accompanied by payment.*

Full price tuition \$185 Half price tuition \$92.50 (each additional sibling in 6 mos-4 year old class)

Payment enclosed: \$ _____

[] Cash [] Check: No. _____ [] Master Card [] Visa [] Discover

Name on Card: _____

Signature: _____

Credit Card # _____ Exp. _____

For Office Use Only
AC _____ PM _____ QB _____ TS _____
EM Conf _____

2016/2017 Music For Aardvarks Registration Form

Student Name _____

Tuition for each ***Ten week*** class is \$185. Please select age appropriate class(es) and indicate your first and second choice of schedule. You will be registered for your first choice class. We will contact you in the event we need to combine classes and place your child in your second choice class.

Indicate 1st and 2nd Choice

Ages 6 mos – 4 years*

| | Day | Time | Dates |
|-----------------|----------|-----------------|---------------------------|
| FALL SESSIONS | Thursday | 10:30 – 11:15am | _____ 10/6/16 to 12/15/16 |
| | Saturday | 10:30 – 11:15pm | _____ 10/8/16 to 12/17/16 |
| WINTER SESSIONS | Thursday | 10:30 – 11:15am | _____ 1/12/17 to 3/23/17 |
| | Saturday | 10:30 – 11:15am | _____ 1/14/17 to 3/25/17 |
| SPRING SESSIONS | Thursday | 10:30 – 11:15am | _____ 4/13/17 to 6/22/17 |
| | Saturday | 10:30 – 11:15am | _____ 4/8/17 to 6/24/17 |

**For multi-age classes on Thu and Sat, tuition for first child is full price \$185, siblings are half price \$92.50.*

Ages 3 – 4 years

| | Day | Time | Dates |
|----------------|--------|---------------|---------------------------|
| FALL SESSION | Monday | 4:00 – 4:45pm | _____ 10/3/16 to 12/12/16 |
| WINTER SESSION | Monday | 4:00 – 4:45pm | _____ 1/9/17 to 3/27/17 |
| SPRING SESSION | Monday | 4:00 – 4:45pm | _____ 4/10/17 to 6/26/17 |

Please register early since classes that do not meet the minimum number of students required to run may be cancelled 2 weeks prior to the start date.