

2017/2018 Suzuki Registration Form

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

Family Name: _____

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

() Continuing Indian Hill Student

Student Name _____ Date of Birth _____ Male/Female _____

School (if applicable) _____ Grade (if applicable) _____

Home Phone # _____ Email _____

Address _____ Town _____ State _____ Zip _____

Parent #1 Name (if applicable) _____ Circle One: Mother /Father /Guardian Cell # _____

Work # _____ Email _____

Parent #2 Name (if applicable) _____ 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 & Procedures in print or on the website and agree to abide by them.

Signature _____ **Date** _____

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.

Suzuki weekly 30-minute private lesson plus 30-minute group class:

Full Year Tuition (30 weeks): \$1995

GUITAR: Group class: Tuesdays from 4:30-5:00pm

VIOLIN: Group class: Saturdays from 2:30-3:00pm

Circle your preferred instrument: GUITAR VIOLIN

Indicate your availability for a 30 minute private lesson:

Times Available	Times Available
Guitar (Tues. 2:45-4:15pm 5:15-6:45pm)	Violin (Sat. 12:45-2:15pm 3:15-4:15pm)

Could arrive by: _____	Could arrive by: _____
Must leave by: _____	Must leave by: _____

<i>For Office Use Only</i>							
<u>Instrument</u>	<u>Teacher</u>	<u>Time</u>	<u>Day</u>	<u>Length</u>	<u>Sessions</u>		
PL-AC _____							
CL-AC _____	PM _____	Email _____	Reg Fee Pd _____	Sched _____	Fac _____	QB _____	TS _____