

## Private Lesson Registration/Placement Form – Summer 2018

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 ( ) Current IHM Student/New to Instrument

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male/Female \_\_\_\_\_

Home Phone # \_\_\_\_\_ E-Mail (if Adult student) \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**FOR CHILDREN/YOUTH STUDENTS:**

Parent Name \_\_\_\_\_ Circle one: Mother /Father /Guardian Cell # \_\_\_\_\_

Work Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

Parent Name \_\_\_\_\_ Circle one: Mother /Father /Guardian Cell # \_\_\_\_\_

Work Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

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

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.

**Instrument** \_\_\_\_\_ **Preferred Teacher (if applicable)** \_\_\_\_\_

**Summer Term Tuition per lesson:**      30 minute - \$45.25      45 minute - \$64.75      60 minute - \$83.50

**THREE LESSON MINIMUM.**    There is a registration fee of \$5 for one student or \$10 per family. Full payment is due upon placement.

**NO REFUNDS OR MAKE-UP LESSONS FOR SUMMER SESSION**

**Desired Number of Sessions** \_\_\_\_\_ (3 - 8)      **Lesson Length (circle one)** 30 min. / 45 min. / 60 min.

**Student Availability:** (Please list ALL options. Circle your preferred days.)

	Monday	Tuesday	Wednesday	Thursday	Friday
<i>Could arrive by:</i>	_____	_____	_____	_____	_____
<i>Must leave by:</i>	_____	_____	_____	_____	_____

**Weeks Available:**    [ ] July 2 - 6      [ ] July 9 - 13      [ ] July 16 - 20      [ ] July 23 - 27  
[ ] July 30 - Aug 3      [ ] August 6 - 10      [ ] August 13 - 17      [ ] August 20 - 24

**NEW STUDENTS:** Help us select an appropriate teacher. On the reverse side or separate sheet, briefly tell us about the student (study/practice habits, special needs, personal goals for music study, music styles of interest). Please write legibly.

<i>For Office Use Only</i>	<i>Instrument</i> _____	<i>Teacher</i> _____
Day _____ Date _____ Time _____	Day _____ Date _____ Time _____	#Lessons _____
Day _____ Date _____ Time _____	Day _____ Date _____ Time _____	Length _____
Day _____ Date _____ Time _____	Day _____ Date _____ Time _____	
Day _____ Date _____ Time _____	Day _____ Date _____ Time _____	

AC \_\_\_\_\_ PM \_\_\_\_\_ Email \_\_\_\_\_ Reg Fee Pd \$ \_\_\_\_\_ Sched \_\_\_\_\_ Fac \_\_\_\_\_ Conf \_\_\_\_\_ QB \_\_\_\_\_ TS \_\_\_\_\_