

Class / Ensemble Registration Form – SPRING 2012

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

This form is not valid unless accompanied by payment.
Classes/Ensembles 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 _____

Home Phone # _____ E-Mail _____

Address _____ Town _____ State _____ Zip _____

Emergency Contact : _____
(Name) (Relationship) (Phone)

FOR CHILDREN/YOUTH STUDENTS:

Mother/Guardian Name _____ Work # _____ Cell # _____

Father/Guardian Name _____ Work # _____ Cell # _____

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** _____

CLASS / ENSEMBLE _____ Session/Start Date _____

Instructor _____ Day _____ Time _____

Instrument/Voice Part (if applicable) _____ Cost _____

2nd Choice Class* _____ Session/Start Date _____

Instructor _____ Day _____ Time _____

**in the event the class you choose is full, please list an alternative class if one is available.*

PAYMENT: All Classes / Ensembles must be **PAID IN FULL** at time of registration.

Tuition \$ _____ **+ Registration Fee \$** _____
(\$15per student unless \$50 family cap has been met)

TOTAL ENCLOSED \$ _____ [] Cash [] Check: No. _____

[] Master Card [] Visa [] Discover

Credit Card # _____ Exp. _____

Name on Card: _____ Signature: _____

For Office Use Only
AC/CH: _____ Paid: _____ EmConf: _____ Kit _____ QB: _____ TS _____