

Date Received \_\_\_\_\_



# Class / Ensemble Registration Form – Summer 2008

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 ( ) Current IHM Student/New to Instrument

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

Mother/Guardian Name \_\_\_\_\_ Employer \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Employer \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

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

E-Mail \_\_\_\_\_ ( ) I do **not** want to receive school e-newsletter.

Emergency Contact (Name/relationship/phone) \_\_\_\_\_

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

[ ] Yes, I would like to be contacted about volunteering my time/skills to Indian Hill Music. Specialty to share \_\_\_\_\_

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 the catalog or on the web site and agree to abide by them.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**CLASS / ENSEMBLE** \_\_\_\_\_ Session/Start Date \_\_\_\_\_

Instructor \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Instrument/Voice Part (if applicable) \_\_\_\_\_ Cost \_\_\_\_\_

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

**Tuition** \$ \_\_\_\_\_ + **Registration Fee** \$ \_\_\_\_\_ (\$5 one student or \$10 per family)

**TOTAL ENCLOSED \$** \_\_\_\_\_ [ ] Cash [ ] Check: No. \_\_\_\_\_

[ ] Master Card [ ] Visa [ ] Discover

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**For Office Use Only**

AcDB/ChDB/PmDB: \_\_\_\_\_ PD in Full: \_\_\_\_\_ QB: \_\_\_\_\_ Sibling Kit \_\_\_\_\_