



Date Recv'd _____

Private Lesson Registration/Placement Form – Summer 2008

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 _____

Mother/Guardian Name _____ Employer: _____

Father/Guardian Name _____ Employer: _____

Phone (h) _____ (w) _____ (c) _____

Address _____ Town _____ State _____ Zip _____

E-Mail _____ () I do **not** want to receive the IHMS e-newsletter.

Emergency Contact (*Other than person listed above*):

Name _____ Relationship _____ Phone _____

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

[] Yes, my employer may provide matching gifts. Employer: _____

[] 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 from the brochure or web site and agree to abide by them.

Signature _____ **Date** _____

Instrument _____ Preferred Teacher (if applicable) _____

Summer Term Tuition per lesson: 30 minute - \$32 45 minute - \$46 60 minute - \$59

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

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 7-11 [] July 14-18 [] July 21-25 [] July 28-Aug 1
 [] Aug 4-8 [] August 11-15 [] August 18-22 [] August 25-29

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 _____	
AcDB/ChDB/PmDB: _____	Reg Fee Pd \$ _____	Pd in Full \$ _____ SD _____ QB _____