

STUDENT INFORMATION *One form for each student*

Student: _____ M F Date of Birth: _____ School: _____

Student Address: _____ City: _____ Zip: _____

Primary Guardian Mr. Mrs. Ms. Dr.: _____ Relation to Student: _____

Primary Guardian Phone: _____ Home Work
 Cell Primary Email: _____

Primary Guardian / Billing Address (if different from student): _____

Secondary Guardian Mr. Mrs. Ms. Dr.: _____ Relation to Student: _____

Secondary Guardian Phone: _____ Home Work
 Cell Secondary Email: _____

Student Email (age 13+)
to receive "Music Notes" e-newsletter from Powers: _____

The following information is requested by state and federal funding sources (check appropriate box):

Black / African American Asian Hispanic American Indian White/Caucasian Other:

PROGRAM INFORMATION

Fill out this section as completely as possible. Include all programs you are registering for, and all applicable discounts below. Please refer to our 2018-2019 Tuition Schedule sheet or Tuition webpage for accurate rates and discounts. If you are opting to enroll in a payment plan, please include the \$15 payment plan fee (per invoice) below, and we will contact you about the remaining balance and payments.

Programs	Instrument	Teacher Name	Lesson Length	Preferred Days and Times	Tuition
Private Lesson 1 st Instrument			<input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60		
Private Lesson 2 nd Instrument			<input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60		
Suzuki Private Lesson			<input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60		

Program Name	Day/Time	Tuition *
Orchestra*		
Theory		
Ensemble		
Other Group/Class		

Fall Semester Registration Fee (\$20 per student)
(If applicable) Payment Plan Fee (\$15)
(If applicable) Materials Fee
(If applicable) Discount

TOTAL	
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PAYMENT INFORMATION *Appropriate payment must accompany this registration from in order to be processed.*

I am applying for Financial Aid. I have attached my Financial Aid Application and the \$20 Fall semester registration fee

Please enroll me in a Monthly Payment Plan. If a check payment is not received by the 1st business day of the month, the credit card on file will be automatically charged. A \$15 payment plan fee per invoice applies.

<input type="checkbox"/> Check #: _____ (make payable to Powers Music School) Amount \$: _____	Office Use Only
	Date: _____ Amount: _____
Please charge my: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> AMEX	
Card #: _____ Exp. Date: _____ CID #: _____	Initials: _____ App. Code: _____
<i>By providing a credit card, you are authorizing Powers Music School to charge any current balance at time due.</i>	

My signature indicates that I have read and understand Powers Music School policies and accept responsibility for all charges and fees that may be incurred. I allow full use of photographs and videos taken of the above registered student at all Powers Music School sponsored events.

SIGNATURE REQUIRED (must be 18 years or older): _____ Date: _____

EMERGENCY CONTACT:Name Mr. Mrs. Ms. Dr.:

Relation to Student:

Phone:

 Home Work Cell

Email:

AUTHORIZED FOR STUDENT PICK-UP:Name Mr. Mrs. Ms. Dr.:

Relation to Student:

Phone:

 Home Work Cell

Email:

ADDITIONAL INFORMATION

1. We are working to reduce our printing costs and be environmentally friendly – please let us know below if you prefer Powers brochures throughout the year to be emailed or hard copies mailed to you throughout the year.

- I prefer brochures and program information from Powers Music School to be emailed to me.
 I prefer brochures and program information from Powers Music School to be mailed to my home.

2. How did you first hear about Powers Music School?

- I am a current/former student.
 Heard about Powers from a friend.
 Heard about Powers from a student, faculty member, or board member of Powers.
 Heard about Powers from a private lesson teacher.
 Heard about Powers from a school music department teacher or band leader.
 Saw a flyer in the community
 Saw a brochure in the community
 Saw a sign on the street
 Received a postcard or brochure in the mail
 Newspaper
 Parent magazine
 Music magazine or concert program
 Google / Internet search
 Facebook
 Youtube
 Powers email newsletter
 Email from another organization
 Online calendar listing
 Parent networking group or listserv online

3. Volunteer at Powers!

Parents, students, and family members can get involved in many ways: concert and event set-up/tear-down, receptions, office tasks, publicity, internships, parent committees, board positions, and more!

- Yes, I am interested in volunteering at Powers. Please send us more information about how we can help.
(Please tell us a little about your interests and skills here)

Powers Music School does not discriminate on the basis of age, race, color, nationality, ethnic origin, religious belief, gender, or sexual orientation in its employment practices or in the administration of its educational policies.

Powers Music School, P.O. Box 398, Belmont, MA 02478 | Phone: (617) 484-4696 | www.powersmusic.org