



Kate M. Ransom, President & CEO

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REGISTRATION FORM 2011-2012

To enroll, please review the Enrollment Policies, complete and sign this form, and submit with a \$75 nonrefundable deposit to the branch at which your classes will be held.

Wilmington Branch (plus Pike Creek & Middletown) **Milford Branch** (plus Dover, Felton, Lewes, Seaford & Angola/Long Neck)

STUDENT

Name _____
Street Address _____
City _____
State _____ ZIP _____
Home Phone _____ Work/Cell Phone _____
Birth Date _____ Grade in Sept. _____
School _____

PARENT 1 OR ADULT STUDENT (address & phone same as student)

Name _____
Work/Cell Phone _____
Employer _____
Email _____

PARENT 2 OR ADULT STUDENT SPOUSE (if different than Parent 1)

Name _____
Street Address _____
City _____
State _____ ZIP _____
Home Phone _____
Work/Cell Phone _____
Employer _____
Email _____

PERSON RESPONSIBLE FOR PAYMENT

Name _____
Street Address _____
City _____
State _____ ZIP _____
Phone _____
Email _____

SIBLING (if already enrolled at Music School) _____

PRIVATE LESSONS

Instrument _____ Instructor _____ Suzuki Academy
Lesson Day: Monday Tuesday Wednesday Thursday Friday Saturday
Lesson Time _____ Lesson length: 30 minutes 45 minutes 60 minutes

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CLASSES/ENSEMBLES

Day

Time

1. _____
2. _____

ADDITIONAL INFORMATION—To help us better serve our community, please answer the following questions. This information is voluntary.

Does this student have any special needs or disabilities? No Yes (please specify): _____

What is the student's race/ethnic background?

- African-American
- Asian/Pacific Islander
- Caucasian
- Hispanic/Latino
- Native American
- Other (please specify): _____

How did you learn about the Music School?

- Already enrolled
- Friend/Family
- Print advertisement
- Print article/feature
- Radio/Television
- Music School publication
- Music School website
- Other (please specify): _____

By signing this form, I agree to The Music School of Delaware's Enrollment Policies.

Signature _____ Date _____

Registration form continues on separate sheet — please fill out and return both pages.

PHOTO RELEASE

I hereby give The Music School of Delaware and their legal representatives and assigns the right and permission to publish, without charge, any photographs/images of [student name] _____ taken at The Music School of Delaware or at off-site Music School functions. I release all claims with respect to copyright ownership and publications including any claim for compensation related to use of the materials. Photos/images may be used in print, electronic or video format, including but not limited to newsletters, brochures, flyers, press releases, advertising, the annual info guide, the school's website and Facebook page and other promotional materials.

- I **give permission** for the Music School to use the above-named student's photo/image.
 I **DO NOT give permission** for the Music School to use the above-named student's photo/image.

Signature (of parent if under 18) _____ Date _____

Phone _____ Email _____

FAMILY & FRIENDS

The Music School hosts many special music events that may be of interest to grandparents or other family/friends. Please complete this form so that we can notify them of upcoming events. Thank you for your assistance!

Name of Grandparent #1 _____

Street Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Name of Grandparent #2 _____

Street Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Name of Grandparent #3 _____

Street Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Name of Grandparent #4 _____

Street Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Name of Other Family/Friend _____

Street Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____



Programs are made possible, in part, by a grant from the Delaware Division of the Arts, a state agency dedicated to nurturing and supporting the arts in Delaware, in partnership with the National Endowment for the Arts.

www.musicschoolofdelaware.org

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