



Private Lesson Registration/Placement Form – Summer 2017

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 _____

Home Phone # _____ E-Mail (if Adult student) _____

Address _____ Town _____ State _____ Zip _____

FOR CHILDREN/YOUTH STUDENTS:

Parent Name _____ Circle one: Mother /Father /Guardian Cell # _____

Work Phone # _____ E-Mail _____

Parent Name _____ Circle one: Mother /Father /Guardian Cell # _____

Work Phone # _____ E-Mail _____

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

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 and procedures in print or on the web site and agree to abide by them.

Signature _____ **Date** _____

Non-Discrimination Policy: Indian Hill Music does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, citizenship, ancestry, age, mental or physical disability, veteran status, or any other category protected under applicable law in its admissions, education programs, activities, or employment policies.

Instrument _____ **Preferred Teacher (if applicable)** _____

Summer Term Tuition per lesson: **30 minute - \$45.25** **45 minute - \$64.75** **60 minute - \$83.50**

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

NO REFUNDS OR MAKE-UP LESSONS FOR SUMMER SESSION

Desired Number of Sessions _____ (3 - 9) **Lesson Length (circle one)** 30 min. / 45 min. / 60 min.

Student Availability: (Please list ALL options. Circle your preferred days.)

Could arrive by: **Monday** **Tuesday** **Wednesday** **Thursday** **Friday** **Saturday**

Must leave by: _____

Weeks Available: [] July 5 – 7 [] July 10 - 14 [] July 17 - 21 [] July 24 - 28
 [] July 31 - Aug 4 [] August 7 – 11 [] August 14 - 18 [] August 21 - 25 [] August 28 – Sept 1

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.

For Office Use Only	Instrument _____	Teacher _____	
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 _____		
AC _____ PM _____ Reg Fee Pd \$ _____	Pd in Full \$ _____	QB _____ TS _____	SD _____ Em Conf _____