



CODE \_\_\_\_\_

Date Recv'd \_\_\_\_\_

# Private Lesson Registration Form – 2009/2010

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 \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Home Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

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

Emergency Contact : \_\_\_\_\_  
(Name) (Relationship) (Phone)

List student's allergies, special needs, physical limitations, 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 catalog or web site and agree to abide by them.**

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

**PRIVATE LESSONS: Full Year Tuition: \$1136 (30 min.) \$1608 (45 min.) \$2072 (60 min.)**

*Lessons starting after the beginning of the semester will be pro-rated. A registration fee of \$35/\$50 family cap is due with this form. A non-refundable payment for the first four lessons is due upon placement.*

Briefly tell us about the student (study/practice habits, teaching style student relates best to, special needs, personal goals for music study, music styles of interest e.g. classical, jazz, contemporary). Please write legibly.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Instrument \_\_\_\_\_ Preferred Teacher (if applicable) \_\_\_\_\_

Lesson Length desired (*circle one*) 30 min. / 45 min. / 60 min.

**Student Availability** (Please list all options you are willing to consider. Circle your preferred days.)

*Could arrive by:* Mon. Tues. Wed. Thurs. Fri. Sat.

*Must leave by:* \_\_\_\_\_

***For Office Use Only***

**Instrument      Teacher      Time      Day      Length      Sessions**

AC/PM/CH \_\_\_\_\_ Reg Fee Pd \_\_\_\_\_ Dep Pd \_\_\_\_\_ QB \_\_\_\_\_ Sched \_\_\_\_\_