

Joy of Music Program: 2008-2009 Registration Form

Only one student per form. Please duplicate or request additional copies for each family member
Mail to: Wendy Ardizzone 1 Gorham Street Worcester MA 01605 508-856-9541

Student: _____ Age _____ DOB _____ Grade _____

Parent's Name(s): _____

Street: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Mom's Work Place: _____ Phone: _____

Dad's Work Place: _____ Phone: _____

School: _____ School Phone: _____

Health or learning issues we should be aware of: _____

1. Class: Where choices are available please list days and times in order of preference. **Tuition**

2. Private Lesson: _____

A. Instrument B. Teacher

C. Days of week available (see teacher's day(s) p.15&16) D.Largest blocks of time available (ex. 2:30-8:30 pm)

3. Ensemble: _____

Instrument

Registration Fee: *

Total Due: _____

* Registration fee is \$25 for first family member, \$15 for the second family member, \$10 for the third family member and no fee for additional family members. The registration fee should be included with the first payment. Please make check payable to Joy of Music Program or JOMP.

Please check which payment option you will be using. See page 17 of this brochure.

Classes & Ensembles: option 1 _____ option 2 _____

Private Lessons: option 1 _____ option 2 _____ option 3 _____ option 4 _____

_____ Please send me an application for Financial Aid. (Also available from the office)

Agreement: Signature required for registration. I have read and agree to abide by the policies of the Joy of Music Program as stated in the 2008-2009 brochure on pages 17, 18 and 19, including withdrawal, absences and weather cancellation policies.

Parent (or adult student) signature

date

Photo Permission: I give permission for photographs or videos to be taken of my child/me, to be used in promotional or descriptive material produced by or for the Joy of Music Program.

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