

**Joy of Music ~ 2018/2019 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 \_\_\_\_\_ Birthdate \_\_\_\_\_

Adult students fill in "Contact 1"

School \_\_\_\_\_ Grade \_\_\_\_\_

Student Cell: \_\_\_\_\_ Student Email: \_\_\_\_\_

Health or learning issues we should be aware of: \_\_\_\_\_

Contact 1: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Contact 2: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

If different

Phones: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Student Ethnicity Count: We celebrate our rich diversity and appreciate your help compiling accurate data for State and Foundation grant-writing and reporting purposes.

White  Black  Hispanic  Asian  Mixed  Other  Prefer not to participate

1. Class or Ensemble Title/Day/Time (in order of preference) Tuition

\_\_\_\_\_

2. Private Lessons: \_\_\_\_\_

A. Instrument

B. Teacher

Reg Fee: \_\_\_\_\_

C. Day(s) of the week you are available

D. Largest range of time you are

see Faculty availability list on Page 19/20

available ex. 2:30-8:30 pm

Total: \_\_\_\_\_

\* Registration fee \$35 for first family member, \$25 for second, \$10 for third. No fee for additional family members. Please include the registration fee with the first payment.

Please check which payment option you will be using. See page 16 of this brochure.

Private Lessons: \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 Classes & Ensembles: \_\_\_\_\_ 1 \_\_\_\_\_ 2

\_\_\_\_\_ 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 as stated in the 2018-2019 JOMP brochure on pages 15, 16 and 17, 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.

Parent (or adult student) signature \_\_\_\_\_ date \_\_\_\_\_

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