



Mail or fax form to:
 171 White Plains Road
 Bronxville, New York 10708
 Phone: (914) 395-4507
 Fax: (914) 395-4500

Registration

Student Information

Student Name	Date of Birth	Student ID No. (OFFICE USE ONLY) E Y A
Address	City/State/Zip	School/Grade
Home Phone	Mobile Phone	E-mail
Emergency Contact	Relationship	Phone

How did you hear about Concordia Conservatory?

Friends School Newspapers Phone Book Internet Other (specify) _____

For Students (18 Years and Younger)

Father's Name	Father's Occupation	Name of Company
Work Phone	Mobile Phone	
Mother's Name	Mother's Occupation	Name of Company
Work Phone	Mobile Phone	

For Adult Students

Occupation	Name of Company	
Work Phone	Mobile Phone	Spouse's Name

Registration

Circle One: Early Childhood Youth Adult

I. _____
 Class Title _____ Day/Time— 1st choice _____ 2nd choice _____

 Instrument _____ teacher _____ Length of Lesson _____
 Circle One: 30 45 60 min

II. _____
 Class Title _____ Day/Time— 1st choice _____ 2nd choice _____

 Instrument _____ teacher _____ Length of Lesson _____
 Circle One: 30 45 60 min

Total Tuition \$ _____
Registration Fee \$ _____
Amount Enclosed \$ _____

- Check enclosed made payable to Concordia College
- Bill my credit card: Visa MasterCard American Express

Card Number _____ Exp. Date _____

Signature _____ Date _____

Payment plan letter enclosed

I am registering the above student for the 2009/10 Concordia Conservatory program and I agree that I am responsible for financial obligations, as stated in the Conservatory Catalog, incurred by the above named student. I understand that the registration is non-refundable.

Signature of student/parent/guardian _____ Date _____

Medical Information

Please describe allergies, medical conditions, and special needs or considerations of which we should be aware:

[OFFICE USE ONLY] Postmark Date Computer Date