



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

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

SUMMER 2009

Registration

Circle One Youth Adult

Class Title	Day/Time	Circle One	30	45	60 min
Instrument	Teacher	Length of Lesson			

Class Title	Day/Time	Circle One	30	45	60 min
Instrument	Teacher	Length of Lesson			

Week of Lessons *(please check)*

June 29 July 6 July 13 July 20 July 27 August 3

Cost of Lesson \$46 *(30 minute)* \$69 *(45 minute)* \$92 *(60 minute)*

Number of Lessons _____

Total Tuition \$ _____ **Check** enclosed made payable to Concordia College # _____

Amount Enclosed \$ _____ Bill my **credit card**: Visa MasterCard American Express

 Card Number Exp. Date

 Signature Date

I am registering the above student for the Concordia Conservatory Summer 2009 program and I have enclosed the full tuition payment. I understand that tuition is fully refunded if the student withdraws prior to June 29. There are no refunds or withdrawals thereafter.

 Signature of student/parent/guardian Date

Medical Information

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

(OFFICE USE ONLY) Postmark Date Computer Date