



<u>For Office Use Only</u>	
Teacher	_____
Lesson Length	_____
# Lessons this semester	_____
Date 1 st Lesson	_____

Registration Form

For complete course descriptions see www.esm.rochester.edu/community

STUDENT CONTACT INFO

Student name _____
(Full Legal Name)

Street address _____

City/State/Zip _____

Birth date _____

Gender _____

Home Phone _____

Cell Phone _____

E-mail _____

Country of Citizenship: _____

Visa Type (if not US) _____

EMERGENCY CONTACT INFO

(Please list parent/guardian if student is a minor)

Name _____

Relationship _____

Phone _____

E-mail _____

Second Emergency Contact

Name _____

Relationship _____

Phone _____

E-mail _____

Have you attended any division of UR before? (SMD, ECMS, Simon School, etc.) No Yes: _____
(Name when enrolled)

Current school, grade and school music teacher _____

Previous musical education (instrument, length of study) _____

Billing Information *(if different than above)*

Bill-to name _____ Mailing Address _____

REGISTRATION

For study beginning As soon as possible School year Summer only

<p>New Private Lessons</p> <p>Instrument/Voice: _____ <i>Please check:</i> <input type="checkbox"/> classical <input type="checkbox"/> jazz</p> <p>Teacher <i>(check one)</i>: <input type="checkbox"/> instructor <input type="checkbox"/> intern Requested Name: _____ <i>(may be left blank)</i></p> <p>Lesson Length: <input type="checkbox"/> 30 min <input type="checkbox"/> 45 min <input type="checkbox"/> 60 min</p> <p>Available times for lessons: <i>(please indicate as many days/times as possible)</i></p>	<p>Continuing Private Lessons</p> <p>Instrument/Voice: _____ <i>Please check:</i> <input type="checkbox"/> classical <input type="checkbox"/> jazz</p> <p>Current Teacher: _____</p> <p>Lesson Length: <input type="checkbox"/> 30 min <input type="checkbox"/> 45 min <input type="checkbox"/> 60 min</p>
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Ensembles / Courses		
Name of Course	Teacher	Day and Time
_____	_____	_____
_____	_____	_____
_____	_____	_____



ECMS PAYMENT AGREEMENT

I understand that the University must receive the full amount (as described in the ECMS catalog) due less any financial aid (including RCSD Pathway Scholarships) on or before the due date as noted on the bill, and that if full payment is not received by the due date, the University will assess a monthly late payment fee of 1% of the amount past due. I understand that I am responsible for notifying the ECMS Office if my billing address changes at any time. I understand that I will be charged a nonrefundable registration fee of \$15 per semester unless enrolled solely in the Early Childhood or Bridges programs. I understand that I am responsible for any late payment fees resulting from delays in the delivery of my payment. Payment must be in U.S. dollars.

I further certify that should my account not be kept current, I understand the University may curtail my ability to register for future semesters. I acknowledge the University's right to assess collection and legal fees should my account remain unpaid at the time I leave the University. I understand that I am obligated to pay those fees. I further agree to accept the ECMS refund policies as found on the ECMS website.

PHOTOGRAPHY, VIDEO AND AUDIO RECORDING RELEASE

I hereby consent to be recorded in audio and/or visual formats for the Eastman School of Music. Any such recordings (photographs, video, sound recordings, etc) may be subsequently used without compensation to me by the Eastman School of Music, the University of Rochester, or third parties for publications (including Web sites), advertising, and/or publicity purposes at the discretion of the School's Communications Office. I waive the right to inspect or approve the finished recordings and/or publication use. This release form will be kept on file.

AUTHORIZATION

I hereby agree to the terms and policies listed above and on the ECMS website, including but not limited to the ECMS Payment Agreement and Photography, Video and Audio Recording Release.

I agree to be responsible for payment pursuant to the terms of this Payment Agreement.

Signature of Parent/Guardian OR Student over the age of 18 years

Date _____

CONTACT US

Forms may be mailed, faxed, or emailed according to the information below. Please do not send payment with this registration form. A bill will be mailed to the address provided upon completion of your registration.

Eastman Community Music School
26 Gibbs Street, Box 26
Rochester, NY 14604-2599

Fax: 585.274.1005

Email: community@esm.rochester.edu

Phone: 585.274.1400

Website: www.esm.rochester.edu/community