



Please return this form to:

Rhode Island Philharmonic Music School
667 Waterman Avenue
East Providence, RI 02914
401-248-7001(Front Desk)

2016-2017 Registration Form

Student Information

Student Name: _____ New student Date of Birth: _____
Gender: _____ School attending: _____ Grade: _____

Are there any health concerns or learning differences we should know about? (please list below) Yes/No:

Our funders require us to report the ethnicity of students in our program. Optional: Please check the box(s) below that you feel best describes you: African American/Black American Indian/Alaska Native Asian Hispanic/Latino/a Multi-racial White If none of the above, please describe: _____

Parent/Billing Information

Parent/Guardian: _____ Ms. Mrs. Mr. Dr. Primary Contact

Parent/Guardian: _____ Ms. Mrs. Mr. Dr. Primary Contact

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Applicant Information

Lesson site: _____ Carter Center _____ East Greenwich _____ Other

Instrument/Ensemble/Class: _____ Teacher: _____ Suzuki Group

Lesson Length: 30 minutes 45 minutes 60 minutes Other _____

IMPORTANT: Lesson Student Availability and Scheduling Preference:

Please write ALL options. Students who are not registered will not be scheduled.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Could arrive by:	_____	_____	_____	_____	_____	_____
Must leave by:	_____	_____	_____	_____	_____	_____

General Policies Agreement

Please review our 2016-2017 General Policies in full. **Please take note of our attendance, payment and withdrawal policies.** By registering you agree to adhere to the Music School general policies.

REQUIRED:

I have read the Music School policies, agree to follow them, and agree to adhere to the payment schedule.

Signature: _____ Date _____

TURN PAGE

Payment Form on back. Registrations received without payment cannot not be processed.

2016-2017 Registration Payment Form

Payment Plan

Annual- \$50.00 discount (lessons only) -tuition due 9/10 Quarterly (due 9/10, 11/12, 1/21, 3/25)

Tuition

Branch: _____ Subject: _____
Day/Time: _____ Length: _____
Start Date _____ # of Weeks _____
Notes: _____

Registration Fee:
\$26 Individual/ \$52 Family _____

Additional Notes

Ensemble/ 3 Lesson Deposit:
See tuition chart for details _____

Additional Payments:
Quarterly/Annual _____

Total Amount Enclosed/Charged: _____

Payment Information

Check # _____ Cash _____ Discover Master Card VISA

Credit Card # _____ Exp.Date: _____

Name: _____ Billing Address: _____

City: _____ State: _____ Zip Code: _____

If you are paying by credit card, do you want your future quarterly payments to be automatically charged to this card? No

Yes Signature: _____ Date: _____

All checks can be made out to: Rhode Island Philharmonic

Discounts/Financial Aid*

PLEASE REVIEW CAREFULLY: Only the discount indicated on this form will be applied. Check the discount that applies to your student(s) – See website for discount details:

- I have applied for Financial Aid from the Music School
- Children currently enrolled in Ensemble & Lessons (please specify) - _____
- 3 or more children enrolled in lessons
- St. Luke's member (West Bay location only)
- Employee discount
- I receive a scholarship/grant (please specify) - _____

***Discounts are not cumulative.**

THE REGISTRATION FEE AND 3 LESSON DEPOSIT ARE NON-REFUNDABLE ONCE YOUR LESSONS HAVE COMMENCED.
PLEASE COMPLETE THIS ENTIRE FORM LEGIBLY. FORMS NOT COMPLETED WILL DELAY REGISTRATION PROCESS.
QUESTIONS? CALL OUR RECEPTION DESK AT 401.248.7001