

Please return this form to:

Rhode Island Philharmonic Music School

667 Waterman Avenue East Providence, RI 02914 401-248-7001(Front Desk)

2014-2015 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 o					
below that you feel best describes you: ☐ African American/Blace					
□Hispanic/Latino/a □Multi-racial □ White □If none of the above, please	e 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: (Has this changed?)					
Applicant Information					
Lesson site: Carter Center East Green	wichOther				
Instrument/Class:Teacher:	□Suzuki □Traditional				
Lesson Length: ☐ 30 minutes ☐ 45 minutes ☐ 60 minute	es				
NEW STUDENTS: Help us select an appropriate teacher. On a se (study/practice habits, special needs, learning style, personal goal legibly.					
STUDENT AVAILABILITY: (Please write ALL opt	tions. Circle your preferred days.)				
Monday Tuesday Wednesday	Thursday Friday Saturday				
Could arrive by:					
Must leave by: Please Note: Lesson students are charged for all the lesson	one for which they register, including these				
missed because of the student's absence. Ensemble studen					
Constal Balisias Assessment					
General Policies Agreement Please review our 2014-2015 General Policies in full. Pleas	se take note of our attendance, payment				
and withdrawal policies. By registering you agree to adhe					
REQUIRE	D:				
I have read the Music School policies, agree to the payment scl	·				
Signature:	Date				

2014-2015 Registration Payment Form

Branch: Subject: Day/Time: Length: Start Date# of Weeks	\$26 Individual/ \$52 Family Ensemble/ 3 Lesson Deposit:	
Start Date# of Weeks	See tuition chart for details	
lotes:	Additional Payments Quarterly/Annual	
	Total Amount Enclosed/Charged	d:
Payment Information		
☐ Check # ☐ Cash	Discover	☐ Master Card ☐ VISA
Credit Card #	Ex	p.Date:
lame:	Billing Address:	
Dity:	State:Zip C	Code:
If you are paying by Credit payments to be auton Yes signature:	natically charged to t	this card? □ No
All checks can be m	nade out to: Rhode Island Ph	nilharmonic
Discounts/Financial Aid*		
PLEASE REVIEW CAREFULLY:		
pplied. Check the discount that applied	,	

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