



## Summer Registration Form for Non-Residential Programs

### Student Information

Last name, First name _____		Age _____	School Grade (2007-08) _____
Social Security number (file only) _____		Date of birth _____	<input type="checkbox"/> Female <input type="checkbox"/> Male
Home address _____		City/State/Zip _____	Email Address _____
Mother/Guardian _____		Daytime telephone number _____	Home telephone number _____
Father/Guardian _____		Daytime telephone number _____	Home telephone number _____
Student resides with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (please explain) _____			
Emergency contact name and address _____		Contact's relationship to you _____	Telephone number, inc. area code _____
Instrument (or voice) _____	Years of study _____	Current private teacher (if applicable) Telephone _____	
School _____	District _____	Teacher _____	Telephone _____

### Medical Record

Is the student on medication?  Yes  No If so, please indicate name? \_\_\_\_\_

Any significant health concerns \_\_\_\_\_ Any current restrictions on activity? \_\_\_\_\_

Allergies to: \_\_\_\_\_  
Food \_\_\_\_\_ Medications \_\_\_\_\_ Other \_\_\_\_\_

Health care provider \_\_\_\_\_ Telephone \_\_\_\_\_

University Health Services requires the following immunizations. Please specify the most recent date of immunization for each.  
Tetanus \_\_\_\_\_ Diphtheria \_\_\_\_\_ Polio: \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_ Measles #1 \_\_\_\_\_ Measles #2 \_\_\_\_\_

**SERIOUS ACCIDENT OR ILLNESS** In case of serious accident or illness involving my child while he/she is in the custody of the Eastman School of Music or its employees every effort will be made to contact parent or guardian. A situation may arise when emergency treatment may be necessary and the parent cannot be reached. In such situations, I authorize University of Rochester personnel to make provisions for treatment with the appropriate medical personnel or facility.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

### Registration Information for ECMS Summer Programs

Program Title _____	Tuition \$ _____
_____	\$ _____
TOTAL due	\$ _____

### Payment Information

Your payment (U.S. Funds) must be sent with this form. Checks should be made payable to Eastman School of Music.

Check  Visa  MasterCard  Discover \_\_\_\_\_ \$ \_\_\_\_\_

Check number \_\_\_\_\_ Amount \_\_\_\_\_

Card number \_\_\_\_\_ Expiration date \_\_\_\_\_

Name as it appears on card (please print) \_\_\_\_\_ Signature required for card payment \_\_\_\_\_

**NOTE:** If UR Waivers are applicable, please deduct the appropriate amount.