

Early Childhood Music Program 2013-2014 Registration Form



Please complete and return to Eastman Community Music School, 26 Gibbs Street, Rochester, NY 14604 or fax to 585-274-1005. ONE CHILD PER FORM PLEASE. MULTIPLE REGISTRATIONS WILL BE RETURNED.

Please enroll my child for the :

(We will bill you. Please do not include payment at this time. Thank you.)

Name of student (full legal name)

Name of parent or guardian

Street address

City/State/Zip

Best telephone number to reach you

Parent/Guardian Email address #1

Parent/Guardian Email address #2 if desired

Student's date of birth Student's ID or Social Security Number*

Is this student currently attending a session? ☐ Yes ☐ No

Gender: ☐ Male ☐ Female

- ☐ Fall Session \$139 (September 21 – November 23)
- ☐ Winter Session \$139 (January 4– March 8)
- ☐ Spring Session \$139 (March 15 – May 17)
- ☐ Please check if one of the parents is a UR employee.

Class for which you are applying:

- ☐ MusicTIME (4 to 24 months old)
- ☐ Music Times Two (2 to 3 ½ years old)
- ☐ Music Makers (3 ½ to 4 years old)
- ☐ Clef Club (5 to 6 years old)

Preference for class meeting time:

(9:00 a.m., 9:45 a.m., 10:30 a.m., 11:15 a.m., 12:00-noon, 12:45 p.m.)

First choice: _____

Second choice: _____

Third choice: _____

Payment Agreement

I understand that the University of Rochester (Eastman Community Music School) must receive the full amount (as described above) due less any University of Rochester employee discounts 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 Bursar's Office if my billing address changes at any time. I understand that I am responsible for any late payment fees resulting from delays in the delivery of my bill. 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 sessions. I acknowledge the University's right to assess collection and legal fees should my account remain unpaid at the time I leave the University or the Eastman Community Music School. I understand that I am obligated to pay those fees. **I further understand that no cancellations will be accepted or refunds issued after September 14th for the Fall Session, December 28th for the Winter Session, and March 8th for the Spring Session. If I withdraw from a session for any reason, I am still obligated to make full payment for that session.**

I, _____, the parent/guardian of, _____ agree to be responsible for payment pursuant to the terms of this Payment Agreement.

Signature of Parent or Guardian

Date

Photography, Video, and Audio Recording Release

I, _____ (name of student), 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.

Signature of Parent or Guardian

*ID and Social Security Numbers

If you know your student ID number (shown on your billing statement) please include it. The first time you register, it is strongly encouraged that you provide a social security number. University employees, their children and spouses must provide social security numbers in order to receive applicable tuition benefits. Social security numbers are used solely for helping the University of Rochester prevent duplicate records in its billing and registration system, thus facilitating accurate record-keeping for students. The numbers will not be shared or used for any other purpose. If you choose not to provide a social security number, please write "decline" on the SSN line.

For ECMS office use only

Date received in office: _____

Re-registration: Y N

Waitlist Y N Order: _____