



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

Registration Form

Mail: 26 Gibbs St, Rochester, NY 14604; fax: (585) 274-1005; email: community@esm.rochester.edu
 For complete course descriptions see www.esm.rochester.edu/community

CONTACT INFO

Student name _____ <small>(Full Legal Name)</small>	Home Phone _____
Street address _____	Business/Cell Phone _____
City / State / Zip _____	Student E-mail _____
Birth date _____	Parent/Guardian _____
<input type="checkbox"/> Male <input type="checkbox"/> Female	Parent E-mail _____

Have you attended any division of the 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: _____ <small>(may be left blank)</small></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: <small>(please indicate as many days/times as possible)</small></p> <p>_____</p> <p>_____</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 Ensemble / Course	Teacher	Day and Time

AUTHORIZATION

I hereby agree to the terms and policies listed on page 2 of this registration form, 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 _____



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 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 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.

HOW DID YOU HEAR ABOUT ECMS? *Please check as many boxes as appropriate.*

Electronic Ad: Facebook D&C Kids Out & About e-mail other: _____

Print Ad: Roc Parent City Paper Jewish Ledger Roch.Mag. Roch.Woman Mag.
 Concert Program: Specify _____
 other: _____

Radio/TV: WXXI other: _____

Word of Mouth: friend/family member UR employee: _____
 school teacher: _____ Private Teacher: _____
 other: _____

Previously attended: Program/Activity _____

Other: Please describe _____

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