



Student Enrollment Form

Date: _____, 20 _____

Student Name:

First: _____ Last: _____

Pronouns: _____

If under 18, age: _____

Mailing Name: Parent/Guardian

Honorific: _____ First: _____ Last: _____

Pronouns: _____

Mailing Address:

Street _____

City _____, IL Zip _____

Phone & E-mail:

Home: _____ Cell: _____

E-mail: _____

Emergency Contact: Name: _____ Relationship: _____

Phone number: _____

Please tell us if this student has any health concerns or learning disabilities of which the instructor should be aware:

Instrument: _____ Instructor: _____

Lesson Time Length: 30 45 60 minutes (Circle one that applies.)

How did you learn about the *Midwest Conservatory of Music*?

Tuition Payment Option (please select one)

____ One installment – The payment is due during the first week of each quarter.

____ Two equal installments – The initial payment is due during the first week of each quarter and the second payment is due by 10/15 for Fall, 1/15 for Winter, 4/15 for Spring and 7/15 for Summer.

***I have read the attached policies and agree to all the terms of this registration.

Signature _____ Date _____