BROOKLINE MUSIC SCHOOL

EST 1924

GROUP CLASSES & ENSEMBLES REGISTRATION FORM 2017 – 2018

Today's Date:_____
❑ New Student
❑ Returning Student
❑ RS-new instrument

Student Name:_____ ☐ F ☐ M Age:_____ Birthdate:_____

School attending in September 2017: _____ Grade: _____

Information frequently requested by funding agencies: Ethnicity (optional): ❑ Hispanic or Latino ❑ Not Hispanic or Latino

Race (optional; check all that apply): ❑ American Indian or Alaska Native ❑ Asian ❑ Black or African American

❑ Native Hawaiian or Other Pacific Islander ❑ White ❑ Other: _____

CONTACT INFORMATION

Parent/Guardian #1 Name: _____ Cell Phone: _____

E-Mail: _____ Work Phone: _____

Parent/Guardian #2 Name: _____ Cell Phone: _____

E-Mail: _____ Work Phone: _____

Address: _____ Zip Code: _____

GROUP CLASS & ENSEMBLE INFORMATION

Class Name: _____ Teacher: _____ Day:_____ Time: _____

Sibling Discount *First Steps Only*: Under 7 Months: Free; 7 Months and Older: 25% off class fee. Both Siblings must attend the same class. Limited space available, teacher approval and full term enrollment required.

❑ I wish to bring a sibling to class. Sibling name: _____ Birthdate: _____

How did you hear about Brookline Music School's group classes and ensembles?

Brochure: ☐ from school ☐ in mail ☐ at local business ☐ other _____

Online: ☐ BMS website ☐ other website:_____ ☐ Print advertisement

Email Newsletter: ☐ BMS ☐ other: _____ ☐ Word of mouth

Flyer: ☐ at BMS ☐ at local organization ☐ Other:_____

Photo Opt Out

☐ Check here if you DO NOT give your permission for photos/videos of you and your child to be used for promotional purposes.

Office Use: *PR_____ SSP_____ CT_____ Policies_____ Confirmation Sent_____*

PAYMENT

❑ **Pay in full** ❑ **Automatic payment plan** *(Monthly installments will be automatically charged to your credit card. $15 fee/semester)*

Tuition: $_____

Yearly Registration Fee *($35/single student; $50/family)***: $**_____

Payment plan fee: $_____

Minus applicable discount *(See website for discounts)***: $**_____

TOTAL DUE: $_____

❑ *I have read and I understand the policies of Brookline Music School (see reverse side).*

Signature:_____

CREDIT CARD: ❑ Visa ❑ MasterCard ❑ Discover ❑ CHECK ENCLOSED *(payable to Brookline Music School)*

Card Number:_____ Exp: _____

Name on Card:_____ CVV# *(3 digits on back of cc)*:_____

Billing address if different from above: _____

25 Kennard Road, Brookline, MA 02445 bmsmusic.org ph (617) 277-4593 fax (617) 277-4437

Form updated 5/16/17