

REGISTRATION 2023-24

- 1. Complete all information on this form or enroll at **concordiaconservatory.org**
- 2. Submit tuition and non-refundable registration fee with form.

Please describe any medical conditions or special needs of which we should be aware.

- 3. Please read the Concordia Conservatory policies and sign the back of this form.
- 4. **EMAIL:** Type-on form to mmagnani@concordiaconservatory.org **MAIL:** Concordia Conservatory, 171 White Plains Road, Bronxville, NY 10708

| Student Name | | FOR OFFICE USE Date of Birth | | |
|-----------------------------------|--------------------|-------------------------------|--|--|
| School Presently Attending or | Employer | | | |
| Home Address | | City/State/Zip | | |
| Billing address if different fron | n home address | | | |
| Home Phone | Student Cell Phone | Work Phone | | |
| Email (Required) | | | | |
| Parent/Guardian 1 | Cell Phone | Work Phone | | |
| Employer | | | | |
| Parent/Guardian 2 | Cell Phone | Work Phone | | |
| Employer | | | | |
| Emergency Contact | Relationship | Phone | | |

| Select Location: □ | Bronxville □ Stam | nford | | | | |
|---|---------------------|------------------|---|--|------------------|--|
| Private Instruction | | | ır-long | g required) | | |
| Instrument | Teacher | Length of Sess | ion | Day & Time (1st Choice) | Annual Tuition | |
| | | | | , , | \$ | |
| | | | | | \$ | |
| | | | | | \$ | |
| Group Instruction (| 16 lessons per seme | ster / semester- | long r | equired) | | |
| Class Name | | | Day & Time (1st Choice) | | Semester Tuition | |
| | | | • | · | \$ | |
| | | | | | \$ | |
| _ | | | | Tuition Total: | \$ | |
| Payment | | | Registration Fee: | \$_50 | | |
| ☐ Check enclosed | Conservatory | | TOTAL: | \$ | | |
| ☐ Bill my credit card ☐ Bill my credit card | tration fee | | | T | | |
| ŕ | • | tration ree | | | | |
| Select Payment Plan Monthly Payment | | | Policy Information | | | |
| I would like to arrange for a monthly tuition planto be billed over 9 months to my credit card. Select Billing Date 15th of the month 30th of the month | | | r C | Students enrolled in private lessons are registered for the entire academic year and will be billed automatically. Students enrolled in group instruction are registered | | |
| ☐ Bi-annual Payme | | | f | or a semester. | | |
| Two payments will be billed to my credit card on September 15 and January 15. Card Number Exp. Date | | | Tuition is fully refunded if a student withdraws before the first date of the session. The student (or parent/guardian) is financially responsible for all classes and lessons. | | | |
| | | | | After the first date of the | | |
| Signature I have read and agree to the policies and general | | | withdrawal requests must be made in writing to the Conservatory Executive Director and submitted to the Board of Directors for approval. Verbal requests | | | |
| information. | | F | for withdrawal cannot be accepted. Registration will be accepted throughout the year on a space-available basis only | | | |
| Signature of student | | Date | C | and tuition will be pro-rat | ed. | |
| Signature of parent/guardi | an | Date | ķ | Please review the policy information and details in the | | |

Student Handbook