



Student Name

Home Address

City, State, Zip

Email

Phone

School presently attending

Birthdate

Parent/Guardian 1

Email

Phone

Parent/Guardian 2

Email

Phone

Emergency Contact

Relationship

Phone

PRIVATE INSTRUCTION

Instrument _____ Lesson Length _____ Day & Time _____ Tuition _____

Number of Lessons (Summer Only) _____

GROUP INSTRUCTION

Class Name _____ Tuition _____

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

PAYMENT

- Check enclosed payable to College of Mount Saint Vincent
- To pay by credit card or to arrange a payment plan, contact Conservatory Director Keith Kreindler at 718-405-3446. A 2.75% credit card convenience fee will be applied.

Tuition Total: _____

Registration Fee: _____

TOTAL: _____

I have read and agree to the Conservatory policies:

Signature of student or parent/guardian

Date