



UNIVERSITY OF MOUNT SAINT VINCENT

conservatory

K-12 REGISTRATION

Student Name

Home Address

City, State, Zip

School and Grade

Birthdate

Parent/Guardian 1

Email

Phone

Parent/Guardian 2

Email

Phone

Emergency Contact

Relationship

Phone

PRIVATE INSTRUCTION

Instrument

Lesson Length

Day & Time Preference

Tuition

Number of Lessons (Summer and 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 University 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 2.85% credit card convenience fee will be applied.

Tuition Total: _____

Registration Fee: _____

TOTAL: _____

I have read and agree to the Conservatory policies:

Signature of parent/guardian

Date