



SUMMER 2018 Registration Form

Office Use Only

Account # _____
 Method of Payment: Visa/MasterCard/Disc./Amer. Express
 Check # _____
 Date Received _____ Amount _____
 Order _____ Clerk _____

Register online at www.musicschoolofdelaware.org, or return this form and payment, including \$20 summer processing fee (after May 1), tuition and materials fees, to the branch at which your lessons/camps/classes/workshops will be held.

- Milford Branch** 23 North Walnut St., Milford, DE 19963 • (302) 422-2043 | (302) 422-3340 (fax)
- Wilmington Branch** 4101 Washington St., Wilmington DE 19802 • (302) 762-1132 | (302) 762-3422 (fax)
- Hockessin** (see Wilmington Branch)

STUDENT

Name _____
 Street Address _____
 City _____
 State _____ ZIP _____
 Home Phone _____ Cell Phone _____
 Birth Date _____ Grade in Sept. _____
 School _____
 Known Allergies _____

PERSON RESPONSIBLE FOR PAYMENT

Name _____
 Street Address _____
 City _____
 State _____ ZIP _____
 Phone _____
 Email _____

PARENT/GUARDIAN

Mother/Guardian Name _____ Email _____
 Employer _____ Work Phone _____
 (Please check your preferred contact method) Cell Phone _____
 Father/Guardian Name _____ Email _____
 Employer _____ Work Phone _____
 (Please check your preferred contact method) Cell Phone _____

CAMP/CLASS/WORKSHOP**INSTRUMENT****DATES****TIME****TUITION/FEES**

1. _____
 2. _____

PRIVATE LESSONS*

Instrument _____ Instructor _____
 Days available: Mon. Tues. Wed. Thurs. Fri. Instrument Introduction Program?
 Times available _____ Lesson length: 30 minutes 45 minutes 60 minutes
 Weeks available: 1 2 3 4 5 6 7 8 (Refer to calendar on page 2 and mark which weeks you are available)

*CURRENT STUDENTS: before registering, please check with your instructor to confirm that he/she will be teaching in the summer.

PHOTO RELEASE

I hereby give The Music School of Delaware and their legal representatives and assigns the right and permission to publish, without charge, any photographs/images of the above-named student taken at The Music School of Delaware or at off-site Music School functions. I release all claims with respect to copyright ownership and publications including any claim for compensation related to use of the materials. Photos/images may be used a current or future year in print, electronic or video format, including but not limited to newsletters, brochures, flyers, press releases, advertising, the annual information guide, the school's website and Facebook page, and other promotional materials.

- I give permission** for the Music School to use the above-named student's photo/image.
- I DO NOT give permission** for the Music School to use the above-named student's photo/image.

ADDITIONAL INFORMATION—To help us better serve our community, please answer the following questions. This information is voluntary.

Does this student have any special needs or disabilities? No Yes (please specify): _____
 What is the student's race/ethnic background? How did you learn about the Music School?
 African-American Caucasian Native American Already enrolled Print Advertisement Music School publication
 Asian Hispanic/Latino Pacific Islander Friend/Family Print Article/Feature Music School website
 Other (please specify): _____ Radio/Television Other (please specify): _____

By signing this form, I have read and agree to the conditions and policies at <http://musicschoolofdelaware.org/summer-policies>.

Signature _____ Date _____

Registration form continues on back — please fill out both sides of form.

FAMILY & FRIENDS

The Music School hosts many special music events that may be of interest to grandparents or other family and friends. Please complete this form so that we can notify them of upcoming events. Thank you for your assistance!

Name of Grandparent #1 _____

Street Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Name of Grandparent #2 _____

Street Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Name of Other Family/Friend _____

Street Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Name of Other Family/Friend _____

Street Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Name of Other Family/Friend _____

Street Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

THE MUSIC SCHOOL OF DELAWARE PIANO COMPETITION

Piano Competition contestants should complete the Student, Parent/Guardian and Person Responsible for Payment sections on the front of this form and fill out the remainder of the details below. Please submit the \$50 application fee with this form (waived for Summer Piano Institute participants). No Summer Processing Fee is necessary for contestants registering for the competition alone.

Contestant Name _____ Contestant Phone _____

Birth Date _____ Contestant Email _____

Private Teacher Name _____ Teacher Phone _____

Years Studied _____ Teacher Email _____

AUDITION REPERTOIRE

COMPOSER

LENGTH

By signing this form, I agree that I have read and understand the information and rules of the Piano Competition as outlined online. I understand that contestants selected as first place winners are required to perform in the master class at the end of the competition on Tuesday, July 17, 2018.

Contestant signature _____ Date _____

Teacher signature _____ Date _____