

Start Date	
# of weeks	
\$ R	ec'd on

2018-2019 ENROLLMENT FORM

STUDENT'S FULL NAME		Birth Date _	/_	_/	_Gender
2 nd STUDENT'S FULL NAME (if applicable)		Birth Date _	/	_/_	_Gender
Street	City		State		_Zip
Circle the primary number to reach you: home_	(cell			
Provide us with a valid e-mail address and we notifications. (We will not share this info with	_				-
If student is under 18: Parent(s)/Guardian(s)					
OccupationWork#	Occupation		_Wor	k #_	
In order to best serve our students' needs, it is in	nportant for us to be aware	e of any learnir	ıg, em	otio	nal or physical
challenges that exist. Please share:					
How did you hear about the Rockland Conserva	ntory of Music?				
** The following optional information is very helpful	to us in applying for grants.	Thank you! **			
Student's primary ethnicity: □ African-Americ	can 🛘 Asian/Pacific Islan	der 🗆 Caribbe	ean 🗆	l Ca	ucasian
\square Hispanic \square Native American \square Bi-racial (ple	rase specify)	_□ Other (pleas	e specij	fy)	
***IMPORTANT POLICY INFORMAMAKE-UP POLICY: Students are entitled to TWO MAKE Lessons must be canceled by calling the office by 12:00 not Student cancellation of a make-up lesson forfeits the lesson scheduled through the teacher. WITHDRAWAL: A two-week written notice must be given refund totaling 100% of the unused lessons. Students who we not given for student absences.	E-UP lessons with a full-year end on for weekday lessons, and befor a. All lessons canceled by the teac on to the office. Students who with	rollment and ONI ore 12:00 noon on I ther will be made t thdraw prior to th	E for 16 Friday : up. Ma eir 5 th l	for Sake-up	ons or less. aturday lessons. ps are to be n will be issued a
SCHOOL CLOSINGS: Emergency closings, weather relate website <u>www.rocklandconservatory.org</u> , RCM answering closing lessons will be made up.		0			
PAYMENT POLICY: We do not have a "Pay As You Go" prefundable registration fee Selection of Automatic payment or by mail with cash, check, money order or credit card mulate fee of \$10.00 <i>If we are unable to collect tuition, lessons may</i>	nts allows RCM to charge your cast be remitted by or on the due cast	card on the due da	tes. Pay	ymen	t made in person
PHOTO/VIDEO POLICY: I understand that children are f these photographs may appear in public newspapers, news child to be photographed for such purposes.					
I have read and understand all of the information above:	(Signature)				-

2018-2019 ENROLLMENT FORM (cont'd)

Instrument(s)/Course	e(s):		Preferred Instructor(s)		
☐ Returning Studer	nt □ New Stud	lent ♦ Previous m	usic instruction:		
Please check your	r preferred les	son dates and tim	nes. Scheduling is done on a first	t-come, first-served basis.	
1st Choice: ☐Mor	n □ Tue □ We	d □ Thu □ Sat	• between the hours ofa	and	
2nd Choice: ☐Moi	n □ Tue □ We	d □ Thu □ Sat	• between the hours ofa	and	
		2017-2018	TUITION RATES		
Non-refundable Reg	gistration Fee	required upon enroll	ment): \square \$50/student \square \$75/family	√ □ \$20 /scholarship family	
<u>Individual Lessons</u>	32-weeks	Pro-rated	Group Classes	Full Year	
□ 30-min	\$1,440	\$45	☐ Music Theory	\$475 free for RCM Students	
□ 45-min	\$2,080	\$65	☐ Youth Choir	\$450 \$200 for RCM Students	
□ 60-min	\$2,560	\$80	☐ String Orchestra	\$550 \$300 for RCM Students	
Suzuki Lessons	32-weeks	Pro-rated	☐ Jazz @ the Rock HS	\$450	
□ 30-min	\$1,600	\$50	☐ Jazz Cats MS	\$300	
☐ 45-min	\$2,240	\$70	Adult Flexpass (10-less	son pass, restrictions apply)	
□ 60-min	\$2,720	\$85	□ 30-min	\$500	
Suzuki group classes	are free to Suz	zuki students	□ 45-min	\$700	
Music Therapy	32-weeks	Pro-rated	□ 60-min	\$850	
□ 30-min	\$1,600	\$50			
□ 45-min	\$2,240	\$70			
		PAYM	ENT OPTIONS		
Payment is accepted	ed in the form o	of cash, check, mo	ney order, VISA, MasterCard, Am	erican Express or Discover.	
☐ FULL PAYMENT		100% at e	nrollment		
☐ BI-PAYMENT PLA	AN	50% at en	rollment; remainder January 1, 20	19	
☐ MONTHLY-PAYMENT PLAN 25% at enrollment; remainder paid monthly			y		
☐ SCHOLARSHIP P	RSHIP PLAN 10% at enrollment; remainder paid monthly			7	
☐ FLEXPASS		Payment of	Payment due in full		
*** Late Payment: I comply with its pay		the right to susp	oend or terminate instruction for	r students who do not	
*** Scholarship: Pl	ease contact E	xecutive Directo	r Marigene Kettler @ 845-356-1	522 ext 105	
Total Individual Lesso	ons: \$	+ Total Group Les	ssons \$ + Reg Fees \$	+ TOTAL: \$	
NAME ON CARD_		CA	ARD #	EXP DATE	
☐ YES, I authorize	RCM to charge	e my credit card o	on the payment due dates automa	atically.	