



# SUMMER 2017 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](http://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** 10 South 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)

**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 on page 9. 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 25, 2017.

Contestant signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher signature \_\_\_\_\_ Date \_\_\_\_\_