



# Saturday Conservatory of Music

A Project of Community Partners

## Enrollment Form

Today's Date: \_\_\_\_\_  Fall  Winter  Spring Year: \_\_\_\_\_

<b>STUDENT INFORMATION</b>			
<input type="checkbox"/> New Student <input type="checkbox"/> Current Student <input type="checkbox"/> Returning Student after how long? _____ <input type="checkbox"/> Male <input type="checkbox"/> Female			
Name			
(Last)	(First)	(Middle)	(Nickname)
Birthday		School	
(Month / Day / Year)			
Primary Phone	Secondary Phone	Student's Email	
Address			
(City)		(Zip)	
<b>PARENT or GUARDIAN INFORMATION</b>			
Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Shared Custody <input type="checkbox"/> Guardian <input type="checkbox"/> Other			
<b>Parent or Guardian (or First Emergency Contact)</b>			
Name			
(Last)	(First)	(Middle)	<input type="checkbox"/> Mother <input type="checkbox"/> Father
Cell Phone	Home Phone	Work Phone	
Address			
<i>(if different from student)</i>			
(City)		(Zip)	
Occupation, Title, Employer			
<b>MEDICAL INFORMATION</b>			
Student's Health Issues (Allergies, Asthma, Special Needs, etc.)			
<b>Person Authorized to care for Student in Emergency (If other than those listed above)</b>			
Name	Relationship	Phone	
Doctor's Name			Phone
Preferred Hospital (if no family doctor)			
<b>MEDICAL and LIABILITY RELEASE</b>			
I absolve and hold harmless the Saturday Conservatory of Music and Community Partners, the staff, and Board of Directors from any liability which may result from the participation of any minor in my legal custody. If the participant is a minor, I give my permission for any necessary emergency medical treatment. I understand the Saturday Conservatory of Music and Community Partners have no obligation to supervise my children outside of the classroom. I release their staff and Board of Directors from any liability resulting from any lack of supervision of my child at the completion of their classes.			
(Signature of Parent or Guardian)			(Date)
<b>PUBLICITY RELEASE</b>			
Students involved in instruction at the Saturday Conservatory of Music, a project of Community Partners, may be photographed and/or videographed and such media may be used for educational purposes, and to publicize programs at the Saturday Conservatory of Music, a project of Community Partners. I permit the use of any such photos or video of my family (or guardians of the minor) and my child.			
(Signature of Parent or Guardian)			(Date)
<b>PARENT RESPONSIBILITY</b>			
As the parent/guardian of the above named student(s), I assume financial responsibility for any and all damage, including due to misuse, abuse and neglect, and any and all loss, including due to theft, of or to any and all Saturday Conservatory of Music, a project of Community Partners, and San Gabriel Unified School District property, including, but not limited to, repair and/or replacement costs of affected instrument(s), equipment and/or premises.			
(Signature of Parent or Guardian)			(Date)

**Name**

(Last Name *from page one*) (Name as it should appear in print, *if different from page one*)

**Ethnicity and Household Information** (Optional: For Grant Purposes Only)

Ethnicity  African American  Asian or Pacific Islander  Caucasian  Hispanic/Latino  Native American  Other \_\_\_\_\_  
 # of Brothers \_\_\_\_\_ Age (s) \_\_\_\_\_ # of Sisters \_\_\_\_\_ Age (s) \_\_\_\_\_ Home Language \_\_\_\_\_ City of Birth \_\_\_\_\_

**PROGRAM SURVEY**

How did you hear about our program?  
 Family/Friend  Website  Flyer  Outreach Event  Other  
 Please specify: \_\_\_\_\_ Please specify: \_\_\_\_\_

**INSTRUMENT SELECTION and BACKGROUND**

Has the Student studied music before?  yes  no If yes, how long and where? \_\_\_\_\_  
 Instrument \_\_\_\_\_ Additional Instrument? \_\_\_\_\_  
 Do you have the instrument you wish to study?  yes  no Student currently taking private lessons?  yes  no

**TUITION**

\$10 Registration Fee (nonrefundable)

\$120 Basic Tuition (theory, instrument or voice class, ensemble)

\$40 Additional Instrument

\$10 Additional Ensemble

OR

\$50 Youth Symphony West/Ensemble (must take private lessons)

\$40 Additional Ensemble

\$40 Music Jungle

\$40 Jazz Improvisation Only

- SGUSD Discount (50% off tuition) *subject to verification*  Targeted Students Discount *subject to verification*  Scholarship (*need administrator approval*)  \$10 late fee (*applies on 3rd week of the quarter*)

Sibling Discount -\$5 (each student) *not applicable to those with discount/scholarship*

Full Name of 1st sibling at SCM \_\_\_\_\_  
 Full Name of 2nd sibling at SCM \_\_\_\_\_  
 Full Name of 3rd sibling at SCM \_\_\_\_\_  
 Full Name of 4th sibling at SCM \_\_\_\_\_

**OFFICE USE ONLY**

**Payments**

Date	<input type="checkbox"/> check <input type="checkbox"/> cash #	Amount	Balance Due	Accepted by
	<input type="checkbox"/> check <input type="checkbox"/> cash #			
	<input type="checkbox"/> check <input type="checkbox"/> cash #			
	<input type="checkbox"/> check <input type="checkbox"/> cash #			
	<input type="checkbox"/> check <input type="checkbox"/> cash #			

**Schedule**

Time	Name of Class	Approval and Placement	Room #
8:30			
9:30			
10:30			
11:30			
12:00			