

REGISTRATION FORM 2014-15

Please complete the registration form completely. In order to register your child for classes, we must also receive a signed copy of the **Student Medical Form** and **HSA Enrollment Policies Agreement**.

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|-----------------------------------------------------------------------------------|
| <p>OFFICE USE ONLY</p> <p>Date Received _____</p> <p>Received by _____</p> |
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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Check all that apply:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Full Year (32 weeks) <input type="checkbox"/> Group Classes</p> <p><input type="checkbox"/> Returning <input type="checkbox"/> Fall Only (16 weeks) <input type="checkbox"/> Private Lessons</p> <p><input type="checkbox"/> 1199 <input type="checkbox"/> Spring Only (16 weeks)</p> <p><input type="checkbox"/> Summer</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

STUDENT INFORMATION

A separate registration form should be completed for each member of the family registering for classes. Please note that an asterisk (*) indicates information that is required for students under the age of 18.

Last name* _____ First name* _____

School* _____ Grade* _____

Ethnicity: African American/Black Caucasian Native American
 Asian Hispanic Other: _____

Gender: male female Age: _____ yrs old Date of Birth: ____/____/____

CONTACT INFORMATION

Address _____ Apt # _____

City _____ State _____ Zip _____

PARENT/GUARDIAN INFORMATION

Parent or guardian 1* (Primary Contact) _____ Relationship* _____

Phone* _____ Email* _____ Company _____

Parent or guardian 2* _____ Relationship* _____

Phone* _____ Email* _____ Company _____

CLASSES

For PRIVATE LESSONS, please fill out additional information on page 3.

| CLASS NAME | DAY | TIME | COST |
|------------|-----|------|------|
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PRIVATE LESSONS

Teacher assignment is made in consultation with HSA. For new students, an interview with the Music Program Director may be required. Please indicate preferred instrument, teacher, lesson length, and student availability below. Please note that an asterisk (*) indicates information that is required for students under the age of 18.

Student Name _____ Age _____

New Private Lesson Student Returning Student Keep previous schedule Day _____ Time _____

Instrument _____ Requested Teacher _____

Lesson Length: 30 min (4-8 years old) 60 min (8-17 years old) Level: Beginner Intermediate Advanced

Indicate student availability below based on your preferred day(s).

| | Tuesday | Wednesday | Thursday | Friday | Saturday |
|------------------|---------|-----------|----------|--------|----------|
| Could arrive by: | _____ | _____ | _____ | _____ | _____ |
| Must leave by: | _____ | _____ | _____ | _____ | _____ |

Please allow at least 7 business days for your lesson to be scheduled. You will be contacted by phone once your child's lesson is scheduled and confirmed with the instructor.

OFFICE USE ONLY

Teacher _____

Day _____ Time _____

Start Date _____

Entered by _____

Submit completed form via mail, fax, drop-off in person or scan and email to register@HSAnyc.org