

1. Complete all information on this form or enroll at [www.concordiaconservatory.org](http://www.concordiaconservatory.org)
2. Submit tuition and non-refundable registration fee with form.
3. Please read the Concordia Conservatory policies and sign the back of this form.
4. **EMAIL:** Type-on form to [melinda.Magnani@concordia-ny.edu](mailto:melinda.Magnani@concordia-ny.edu) **OR**  
**MAIL:** Concordia Conservatory, 171 White Plains Road , Bronxville, NY 10708

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Student Name	FOR OFFICE USE
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School Presently Attending or Employer	Date of Birth
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Home Address	City/State/Zip
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Billing address if different from home address

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Home Phone	Student Cell Phone	Work Phone
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Email (Required)

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Parent/Guardian 1	Cell Phone	Work Phone
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Employer

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Parent/Guardian 2	Cell Phone	Work Phone
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Employer

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Emergency Contact	Relationship	Phone
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Please describe any medical conditions or special needs of which we should be aware.

Select Location:  Bronxville  Stamford

### Private Instruction

Instrument	Teacher	Length of Session	Day & Time (1st Choice)	Tuition
				\$
				\$
				\$

### Group Instruction

Class Name	Day & Time (1st Choice)	Tuition
		\$
		\$

#### Payment

- Check enclosed payable to Concordia College
- Bill my credit card for registration fee
- Bill my credit card for tuition and registration fee
- Monthly Plan Option**  
I would like to arrange for a monthly tuition plan  
CHECK ONE
  - 15th of the month
  - 30th of the month

Tuition Total: \$ \_\_\_\_\_

Registration Fee: \$ **50** \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

For Office Use: \$ \_\_\_\_\_

#### Credit Card Information

- Visa  MasterCard  American Express  Discover

\_\_\_\_\_ Exp. Date

\_\_\_\_\_ Signature

I have read and agree to the policies and general information.

\_\_\_\_\_ Signature of student Date

\_\_\_\_\_ Signature of parent/guardian Date

FOR OFFICE USE