

1. Complete all information on this form or enroll at **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 **OR**
MAIL: Concordia Conservatory, 171 White Plains Road , Bronxville, NY 10708

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

Home Phone	Student Cell Phone	Work Phone
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Email (Required)

Parent/Guardian 1	Cell Phone	Work Phone
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Employer

Parent/Guardian 2	Cell Phone	Work Phone
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Employer

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**
- Scholarship Application Attached**

Credit Card Information

- Visa MasterCard American Express Discover

Card Number

Exp. Date

Signature

Tuition Total: \$ _____

Registration Fee: \$ **50** _____

TOTAL: \$ _____

For Office Use: \$ _____

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

Signature of student

Date

Signature of parent/guardian

Date

FOR OFFICE USE