

# REGISTRATION FORM

## Westminster Conservatory

The Community Music School of Westminster Choir College of Rider University

101 Walnut Lane • Princeton, NJ 08540

**PHONE:** 609-921-7104 • **FAX:** 609-921-7296 • **E-MAIL:** wccConserv@rider.edu • **WEB:** www.rider.edu/conservatory

### EXTENSION LOCATIONS

#### St. Ignatius of Antioch School

995 Reading Avenue  
Yardley, PA 19067  
215-493-3514

**Open Tues., Thurs.**

#### Princeton Academy of the Sacred Heart

101 Drake's Corner Road  
Princeton, NJ 08540  
609-921-7893

**Open Mon.-Thurs.**

#### Crossroads School South

Major Road  
Monmouth Junction, NJ 08852  
732-329-8911

**Open Tues., Wed., Thurs.**

#### St. Ann's School

34 Rossa Avenue  
Lawrenceville, NJ 08648  
609-883-2128

**Open Wed., Thurs., Sat.**

### STUDENT INFORMATION

**Please indicate:**  New student  Male  Adult (over 21)  Check here if there are special circumstances of which you would like us to be aware. Please attach a separate note.  
 Returning student  Female  Senior citizen (over 60)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ **If younger than 21** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Birth date (month/day/year)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail address (include all punctuation) \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home phone number Student cell phone number

Employer/position or school name \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Employer or school phone number

#### If the student is under 21 years of age, please complete the following:

Father's name (or guardian) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Cell phone number of father or guardian E-mail address (include all punctuation) \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Work phone number of father or guardian Employer and position \_\_\_\_\_

Mother's name (or guardian) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Cell phone number of mother or guardian E-mail address (include all punctuation) \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Work phone number of mother or guardian Employer and position \_\_\_\_\_

### BILLING INFORMATION

Social Security Number of person responsible for payment: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Send bill to:

(Circle one) Mr. Mrs. Ms. Dr. \_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_

### PRIVATE LESSON REQUESTS

### CLASS OR GROUP REQUESTS

Instrument \_\_\_\_\_ Location Request \_\_\_\_\_ Years of Study \_\_\_\_\_ Title \_\_\_\_\_ Day/Time \_\_\_\_\_ Location \_\_\_\_\_

Teacher request, if any (for listings, see catalog) \_\_\_\_\_  30  45  60  
Lesson length (minutes) Title \_\_\_\_\_ Day/Time \_\_\_\_\_ Location \_\_\_\_\_

#### SCHEDULING INFORMATION FOR PRIVATE LESSONS

**NOTE:** Students who list too narrow a range of availability may risk being placed on a waiting list.

**PLEASE CHECK ALL DAYS** you are available for lessons and list the widest time spans(s) you are available each day.

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Which day/time is your first choice? \_\_\_\_\_

**A non-refundable registration fee of \$35 per family plus tuition deposit (listed in the catalog) must accompany this form. Checks should be made payable to "Westminster Conservatory."**

With my completed registration form, I am enclosing

Check: \_\_\_\_\_ Amount \$ \_\_\_\_\_

VISA/MC/Discover # \_\_\_\_\_ Expires \_\_\_\_\_ / \_\_\_\_\_ Amount \$ \_\_\_\_\_

#### REFUND/MAKE UP/WITHDRAWAL POLICY:

**Refund, credits, or make ups cannot be given for lessons missed by the student. I understand and accept the conditions for registration/withdrawal as outlined in the Westminster Conservatory catalog.**

\_\_\_\_\_  
Required Signature

### FOR OFFICE USE ONLY

Teacher: \_\_\_\_\_ Instrument: \_\_\_\_\_ Location: \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_ Length/number: \_\_\_\_\_ EOW: \_\_\_\_\_

Date registration received: \_\_\_\_\_ Amount paid: \_\_\_\_\_ Date of Confirmation: \_\_\_\_\_