

REGISTRATION FORM

Westminster Conservatory

The Community Music School of Westminster College of the Arts 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. Andrew School

51 Wrights Road
Newtown, PA 18940
215-968-2685, ext. 212
Open Thurs., Fri.

St. Ignatius of Antioch School

995 Reading Avenue
Yardley, PA 19067
215-493-3514
Open Tues., Thurs.

Princeton Academy of the Sacred Heart

1128 Great Road
Princeton, NJ 08540
609-921-7893
Open Mon.-Thurs.

Crossroads School South

195 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 day (month/day/year)

Street Address _____

City _____

State _____

Zip _____

Student 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

Instrument _____

Location Request _____

Years of Study _____

Teacher request, if any (for listings, see catalog) _____

30 45 60
Lesson length (minutes)

CLASS OR GROUP REQUESTS

Title _____

Day/Time _____

Location _____

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 span(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/AmEx # _____ Expiration _____ Security Code _____ Amount \$ _____

REFUND/MAKE UP/WITHDRAWAL POLICY:

Refunds, 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.

Signature Required _____

FOR OFFICE USE ONLY

Teacher: _____ Instrument: _____ Location: _____

Day: _____ Time: _____ Length/number: _____ EOW: _____

Date registration received: _____ Amount paid: _____ Date of Confirmation: _____