

# 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 • Email: wccConserv@rider.edu • Web: www.rider.edu/conservatory

### CONSERVATORY LOCATIONS

#### PRINCETON MAIN CAMPUS

Westminster Choir College  
101 Walnut Lane  
Princeton, NJ 08540  
609-921-7104

#### PRINCETON ACADEMY

Princeton Academy of  
the Sacred Heart  
1128 Great Road  
Princeton, NJ 08540  
609-921-7893

#### LAWRENCEVILLE

St. Ann's School  
34 Rossa Avenue  
Lawrenceville, NJ 08648  
609-883-2128

#### SOUTH BRUNSWICK

Crossroads School South  
195 Major Road  
Monmouth Junction, NJ 08852  
732-329-8911

#### YARDLEY

St. Ignatius of Antioch School  
995 Reading Avenue  
Yardley, PA 19067  
215-493-3514

### 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 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Birthday (month/day/year)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Grade \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home phone number Student cell phone number Student email address (include all punctuation)

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

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

Father/Guardian \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Cell phone number of father or guardian Email address (include all punctuation)

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

Mother/Guardian \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Cell phone number of mother or guardian Email address (include all punctuation)

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

### BILLING INFORMATION

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

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

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

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

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

### 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 and website.

### SIGNATURE REQUIRED

**A non-refundable registration fee of \$40 per family plus tuition deposit (see page 13 in the catalog) must accompany this form. Checks should be made payable to "Rider University."**

With my completed registration form, I am enclosing

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

VISA/MC/Discover/AmEx # \_\_\_\_\_ Expiration \_\_\_\_\_ Security Code \_\_\_\_\_ Amount \$ \_\_\_\_\_

### FOR OFFICE USE ONLY

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

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

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