

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: conservatory@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

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

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 policy sheet and website.

SIGNATURE REQUIRED

A non-refundable registration fee of \$50 per family plus tuition deposit (see page 19 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: _____