



Fall 2011 Registration Form

*This form is not complete unless accompanied by your materials & registration fee.
Please use separate forms for each class and student—you may copy this form as needed.*

Nancy Gerber, Executive Director
339-234-0774
781-454-6310 (Kindermusik Line)
P. O. Box 61, Lexington, MA 02420

Student Information

Student Name _____ Male _____ Female _____
 Address _____
 City _____ State _____ Zip _____ Email Address _____
 Home Phone _____ Cell Phone _____ Work Phone (Adult Students) _____
 How did you hear about SCA? Newspaper: _____ Friend: _____ Referral by: _____ Other: _____

Students 18 & younger only:

Date of Birth _____ Age _____ Grade _____
 School Name _____

Allergies or Health Considerations _____

Mother's/Guardian's Name _____

Father's/Guardian's Name _____

Work Phone _____ Cell _____

Work Phone _____ Cell _____

Email _____

Email _____

Emergency Contact _____

Daytime Phone _____

Sibling Name _____

Birth Date _____

Sibling Name _____

Birth Date _____

Sibling Name _____

Birth Date _____

Kindermusik® and Other Classes

Class Name _____ 1st Choice—Day/Time/Location _____
 2nd Choice—Day/Time/Location (Kindermusik® only) _____
It is important that you list your second choice

Private Lessons

Instrument _____ Teacher Preference (if known) _____

Lesson Length: 30 min. _____ 45 min. _____ 60 min. _____

Please list days and times you would be available for private lessons: Monday _____ Tuesday _____
 Wednesday _____ Thursday _____ Friday _____ Saturday _____

Payment

Class Tuition _____ + Registration/materials fee \$30 / _____ = Total _____

Private Tuition _____ + Registration/materials fee \$30 / _____ = Total _____

- Discount (sibling/referral) _____ = Total _____

Are you applying for financial aid? Yes _____ No _____ *If yes, please request a form by calling Nancy Gerber, 339-234-0774.*

I'd like to make a tax deductible contribution to the SCA Scholarship Fund to help provide lessons to those needing assistance \$ _____
(Please add the amount to what you are paying with this registration form.)

I'll volunteer at times throughout the year to help with various SCA activities and events: Yes _____ No, not at this time _____

Please mail forms with payments made out to **School of Creative Arts** (or SCA) to: School of Creative Arts, P. O. Box 61, Lexington, MA 02420