



Spring 2010 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
781-272-1014 x180
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 _____
 Work Phone _____ Cell _____
 Email _____

Father's/Guardian's Name _____
 Work Phone _____ Cell _____
 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

Classes will be filled based on order of receipt of registration forms (and, for private lessons, compatibility of individual teacher studio hours). We cannot guarantee your first or second choice. A minimum payment of the class registration and materials fees is due with the registration form. The remaining balance for classes is due by the first day of class. For the private lesson 3-payment schedule, see the current brochure.

Class Tuition _____ + Registration/materials fee \$25 / _____ = Total _____
 Private Tuition _____ + Registration/materials fee \$25 / _____ = Total _____
 - Discount (sibling/referral) _____ = Total _____

Are you applying for financial aid? Yes _____ No _____ *If yes, please request a form by calling Nancy Gerber, 781-272-1014 x180.*

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