

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. 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 _____ / _____ / _____
Birthday (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/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/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

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? _____

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: _____