



One Westmoreland Circle
Bethesda, MD 20816
P: 301.320.2770 F: 301.320.2794
www.washingtonconservatory.org

Office Use Only Fall 2011 | Spring 2012 | Summer 2012

Date rcvd. _____ Last Name _____

Teacher _____ Room _____

Start Date _____

Day _____ Time _____ Length: 30 45 60

REGISTRATION FORM 2011-2012

Student Information - (one student per form)

New Returning Male Female

Student Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Student, Under 18

Age: _____

Date of Birth: _____

School: _____

Grade: _____

Cell Phone: _____

Email: _____

Adult Student

Employer: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Individual Lessons

Instrument: _____ Length: 30 45 60

Requested Teacher (if known) _____

Please list all possible times student is available for lessons:

Monday _____ Thursday _____

Tuesday _____ Friday _____

Wednesday _____ Saturday _____

Do not know at this time

Classes or Ensembles

1. _____

2. _____

Chamber Music or Jazz Ensemble

(Placement subject to instruments/levels) Please pay when ensemble is confirmed. See catalog or website for tuition.

Payment Information

Select one payment plan:

Full Year (2 semesters tuition)

Single Semester Tuition

Split Semester ($\frac{1}{2}$ of Single Semester Tuition + Split Payment Fee: \$20 per individual; \$30 per family) Plan requires payment by credit card (see below)*

Annual Registration Fee (\$30 individual, \$50 family) _____

Individual Lesson Tuition (Full Year, Single Semester or Split) _____

Class/ Ensemble Tuition _____

Split Payment Fee (\$20 individual, \$30 family)* _____

Tax Deductible Contribution _____

Total Payment (due with form) _____

Payment Method:

Check (make payable to Washington Conservatory of Music)

Visa MasterCard Exp. Date ____/____

Card # _____

Name as it appears on card _____

*Second split payments are due November 1, 2011 for Fall Semester and April 2, 2012 for Spring Semester. Credit card is automatically charged for second split payment.

*Split-semester payment plan does not apply to classes/ensembles.

Single Semester (17 weeks)

Individual Lesson Tuition

30 minute lessons: **\$782**

45 minute lessons: **\$1156**

60 minute lessons: **\$1496**

Family Information

Mother/ Guardian

Name: _____

Employer: _____

Title: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Father/ Guardian

Name: _____

Employer: _____

Title: _____

Work Phone: _____

Cell Phone: _____

Email: _____

The signer agrees to all policies of the Conservatory and accepts complete responsibility for all charges and fees incurred. Student photo release granted. Please refer to the catalog and/or www.washingtonconservatory.org for specific Conservatory policies.

Signature (required for registration): _____ Date: ____ / ____ / ____

Fall 2011 | Spring 2012 | Summer 2012

Date Rcvd _____ Amount _____ Check # _____