

**CONTACT INFORMATION** 

Existing Account

## 2018-2019 REGISTRATION FORM

### THIRD STREET MUSIC SCHOOL SETTLEMENT, since 1894

**235 EAST 11TH STREET** • **NEW YORK**, **NY 10003** • **P** 212-777-3240, ext. 17 • **F** 212-505-2520 • **E** student.services@thirdstreetmusicschool.org Please complete, sign and save this form, then submit to Student Services via e-mail, postal mail, fax or in person.

STUDENT LAST NAME  SCHOOL ATTENDING/HOMESCHOOL GRADE (as of Fall 2018)		FIRST NA	ME	New Student Returning Stude		DATE OF BIRTH (mm/dd/yy)  RACE/ETHNICITY (optional)		
		GENDER		C Returning Stude	RACE/ET			
PARENT/GUARDIAN #1 LAST NAME			FIRST NA	AME		RELATIO	NSHIP TO STUDENT	
PRIMARY ADDRESS			APT #	CITY		STATE	ZIP CODE	
HOME PHONE	CELL PHON		EMAIL AD	EMAIL ADDRESS				
OCCUPATION	PLACE OF BUSINESS						BUSINESS PHONE	
PARENT/GUARDIAN #2 LAST NAME			FIRST NA	FIRST NAME			NSHIP TO STUDENT	
ADDRESS (if different from above	e)		APT #	CITY		STATE	ZIP CODE	
HOME PHONE	CELL PHON	E	EMAIL AE	EMAIL ADDRESS				
OCCUPATION	PLACE OF E	BUSINESS				BUSINES	SS PHONE	
BILLING INFORMAT			FIRST NA	ME CITY		BUSINES	ZIP CODE	
BILLING INFORMAT								
BILLING INFORMAT  LAST NAME  ADDRESS	<b>FION</b> (if diff	erent from above)			TIME	STATE		
BILLING INFORMAT  LAST NAME  ADDRESS	<b>FION</b> (if diff	erent from above)	APT#	CITY	TIME	STATE	ZIP CODE	
BILLING INFORMAT  LAST NAME  ADDRESS	<b>FION</b> (if diff	erent from above)	APT#	CITY	TIME	STATE	ZIP CODE	
BILLING INFORMAT  LAST NAME  ADDRESS	<b>FION</b> (if diff	erent from above)	APT#	CITY	TIME	STATE	ZIP CODE	
BILLING INFORMAT  LAST NAME  ADDRESS  COURSE (i.e., Piano, Th	<b>FION</b> (if diff	erent from above)	APT#	CITY	TIME	STATE	ZIP CODE	

#### PHOTOGRAPHY & VIDEO RELEASE

By signing this contract, you give your consent for Third Street Music School Settlement to take photos, audio or video footage of classes, lessons, and/or concerts without advance notice, and to publish such photos, audio and video footage royalty-free in its print, audio and electronic promotional efforts, including its website.

For more information about Third Street Music School Settlement's policies, tuition, fees, discounts and more, please refer to our website at www.thirdstreetmusicschool.org



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Please complete, sign and save this form, then submit to Student Services via e-mail, postal mail, fax or in person.

PAYMENT INFORMATION										
Select one payment plan:										
FULL TUITION: Pay full tuition and registration fee upon registration. For full tuition amounts, please refer to the 2018 - 2019 Tuition Schedule on the school's website.										
<b>DEPOSIT + 5 PAYMENTS (\$25 SERVICE FEE):</b> Pay deposit (see calculation below) for each activity. Balance is billed automatically in 5 equal installments due: Sept. 15, Oct. 15, Nov. 15, Dec. 15, and Jan. 15 of academic year.										
<ul> <li>Individual or Partner Lessons: A deposit of \$400</li> <li>Group Classes/Ensembles: 50% of tuition for each</li> <li>Flex Pass: 100% of tuition for each Flex Pass is due</li> </ul>	ch group class or ensemi									
REGISTRATION FEE: This fee is charged once per academic year. Prior to or on May 15, 2018, the fee is waived; after May 15, 2018, the fee is \$60.  FINANCIAL AID, DISCOUNTS & CREDITS: If applicable, financial aid, discounts or credits will be applied to your remaining balance.  PROMO CODES: If applicable, please enter here(Not to be combined with other offers)										
METHOD OF PAYMENT										
YES! In addition to my tuition payment, I would like to make a fully tax-deductible donation of \$ in support of Third Street's Financial Aid Program. (Thank you!)										
Enclosed is check number in the amount of \$ payable to Third Street Music School Settlement.										
Charge my VISA MASTERCARD AMEX DISCOVER in the amount of \$										
CARD NUMBER	EXP. DATE									
By signing this Registration Form, the undersigned authorizes the recurring charges and agrees to accept and be bound by the Terms										
and Conditions of Third Street Music School Settlement as stated in the Student Handbook and the school's website.										
SIGNATURE (person responsible for payment)	DATE									
	OFFICE USE ONLY									
COURSE	WEEKLY CHARGE	NO. OF WEEKS	CHARGE							
(FMC) (FC) (M) (RM) (O) (S) (TA) (EB)	DISCOUNTS/CREDITS									
(FMC) (FC) (M) (RM) (O) (S) (TA) (EB)	DISCOUNTS/CREDITS									
	PAYMENT PLAN/REGISTRATION FEE									
	TOTAL									
	DEPOSIT PAID									
			BALANCE DUE							