

1. Complete all information on this form or enroll at [concordiaconservatory.org](https://concordiaconservatory.org)
2. Submit tuition and non-refundable registration fee with form.
3. Please read the Concordia Conservatory policies and sign the back of this form.
4. **EMAIL:** Type-on form to [mmagnani@concordiaconservatory.org](mailto:mmagnani@concordiaconservatory.org)  
**MAIL:** Concordia Conservatory, 171 White Plains Road , Bronxville, NY 10708

---

Student Name	FOR OFFICE USE
--------------	----------------

---

School Presently Attending or Employer	Date of Birth
--	---------------

---

Home Address	City/State/Zip
--------------	----------------

---

Billing address if different from home address

---

Home Phone	Student Cell Phone	Work Phone
------------	--------------------	------------

---

Email (Required)

---

Parent/Guardian 1	Cell Phone	Work Phone
-------------------	------------	------------

---

Employer

---

Parent/Guardian 2	Cell Phone	Work Phone
-------------------	------------	------------

---

Employer

---

Emergency Contact	Relationship	Phone
-------------------	--------------	-------

Please describe any medical conditions or special needs of which we should be aware.

Select Location:  Bronxville  Stamford

**Private Instruction** (32 lessons per academic year / year-long required)

Instrument	Teacher	Length of Session	Day & Time (1st Choice)	Annual Tuition
				\$
				\$
				\$

**Group Instruction** (16 lessons per semester / semester-long required)

Class Name	Day & Time (1st Choice)	Semester Tuition
		\$
		\$

### Payment

- Check enclosed payable to **Concordia Conservatory**
- Bill my credit card for registration fee
- Bill my credit card for tuition and registration fee

### Select Payment Plan

**Monthly Payment**

I would like to arrange for a monthly tuition plan to be billed over 9 months to my credit card.

**Select Billing Date**

- 15th of the month  30th of the month

**Bi-annual Payment**

**Two** payments will be billed to my credit card on **September 15** and **January 15**.

Card Number

Exp. Date

Signature

Tuition Total: \$ \_\_\_\_\_

Registration Fee: \$ **50** \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

### Policy Information

Students enrolled in **private lessons** are registered for the entire academic year and will be billed automatically. Students enrolled in **group instruction** are registered for a semester.

Tuition is fully refunded if a student withdraws before the **first date of the session**. The student (or parent/guardian) is **financially responsible for all classes and lessons**.

**After the first date of the session**, all withdrawal requests must be made in writing to the **Conservatory Executive Director and submitted to the Board of Directors for approval**. Verbal requests for withdrawal cannot be accepted.

Registration will be accepted throughout the year on a **space-available basis only and tuition will be pro-rated**.

Please review the policy information and details in the [Student Handbook](#)



**I have read and agree to the policies and general information.**

Signature of student

Date

Signature of parent/guardian

Date

FOR OFFICE USE