



Portland Conservatory of Music

FALL 2014 SEMESTER REGISTRATION FORM

STUDENT INFORMATION:

Student's Name: _____ Gender: _____

Student's Instrument: _____ Secondary Instrument (if applicable): _____

Years of Study on Instrument: _____ Previous Instructor(s): _____

Grade in School (if applicable): _____ Date of Birth: ____ / ____ / ____

Name of School (if applicable): _____

Student Health Concerns (allergies, medical conditions, medications, etc.): _____

PARENT / GUARDIAN / ADULT STUDENT INFORMATION:

Name(s): _____

Home Address(es): _____ / _____

Email Address(es): _____ / _____

Home Phone Number(s): _____ / _____

Cell Phone Number(s): _____ / _____

Work Phone Number(s): _____ / _____

Employer(s): _____ / _____

Job Title(s): _____ / _____

202 Woodford Street (3rd Floor), Portland, ME 04103

phone: (207) 775-3356 | **email:** registrar@portlandconservatoryofmusic.org

website: www.portlandconservatoryofmusic.org

PRIVATE LESSON AND GROUP CLASS REGISTRATION:

PRIVATE LESSONS:

PCM Instructor with whom Student will be studying: _____

Length & Amount of Lessons and TOTAL Cost of Lessons:

____ 30-Minute Private Lessons (\$33.00/Lesson) for ____ (amount of) Lessons. (Full Semester = 18 weeks)

\$33.00/Lesson x's _____ (amount of) Lessons = \$ _____ SUBTOTAL

____ 45-Minute Private Lessons (\$49.50/Lesson) for ____ (amount of) Lessons. (Full Semester = 18 weeks)

\$49.50/Lesson x's _____ (amount of) Lessons = \$ _____ SUBTOTAL

____ 60-Minute Private Lessons, (\$66.00/Lesson) for ____ (amount of) Lessons. (Full Semester = 18 weeks)

\$66.00/Lesson x's _____ (amount of) Lessons = \$ _____ SUBTOTAL

____ (Other duration): _____ Private Lessons (\$_____/Lesson) for ____ (amount of) Lessons.

\$_____/Lesson x's _____ (amount of) Lessons = \$ _____ SUBTOTAL

GROUP CLASSES:

Group Class Title #1: _____ Instructor: _____

Duration of Group Class (in minutes): _____ Length of Class (in weeks): _____

Cost per week: _____ SUBTOTAL (Cost per week x's # of weeks):\$ _____

Group Class Title #2: _____ Instructor: _____

Duration of Group Class (in minutes): _____ Length of Class (in weeks): _____

Cost per week: _____ SUBTOTAL (Cost per week x's # of weeks):\$ _____

Group Class Title #3: _____ Instructor: _____

Duration of Group Class (in minutes): _____ Length of Class (in weeks): _____

Cost per week: _____ SUBTOTAL (Cost per week x's # of weeks):\$ _____

****Please note that most Suzuki Violin, Viola, and Guitar Private Lessons require enrollment in a Suzuki Group Class. Please consult your Private Suzuki Instructor for more details regarding this requirement.***

FINANCIAL AID / SCHOLARSHIP(S) / DISCOUNT(S) (if applicable):

Award/Discount Granted (circle one):

1) Financial Aid: List percentage: _____ %

2) Scholarship: List Title & Amount: _____ /\$ _____

3) Discount: List Title & Amount: _____ /\$ _____

REGISTRATION FEE:

\$15.00 per semester for 1st family member; \$10 for each additional family member

if applicable: add \$10.00 x's number of additional family member(s): _____ = \$ _____

PAYMENT PLAN FEE:

\$15.00 per student per semester.

SUBTOTAL: \$ _____.

+

TOTAL FEES: \$ _____.

-

TOTAL DISCOUNT(S): \$ _____.

TOTAL AMOUNT DUE: \$ _____.

PLEASE NOTE: All Payment Plan installments will be automatically charged to your credit/debit card on the three installment dates listed below:

- 1) *FIRST PAYMENT due at time of registration (includes all fees and first third of Tuition).*
- 2) *SECOND PAYMENT processed on October 13, 2014 (2nd third of Tuition).*
- 3) *THIRD PAYMENT processed on November 24, 2014 (final third of Tuition).*

*"I agree to the PCM Payment Plan, with (3) installments on the following dates: _____, _____, _____."

Signed: _____

PAYMENT METHOD:

___ 1) Check # _____

___ 2) Debit/Credit: _____ VISA _____ MasterCard _____ American Express _____ Discover

Card # _____ - _____ - _____ - _____ Expiration Date: _____ / _____ C. V. V. # _____

Name on Card: _____

Signature: _____

___ 3) Cash

Thank you very much, and have a wonderful semester!