

LUCY MOSES SCHOOL REGISTRATION FORM

Lucy Moses School at Kaufman Music Center
Goodman House, 129 West 67th Street New York, NY 10023
 Class information is available at KaufmanMusicCenter.org
 T 212 501 3360 F 212 874 7865
 E lucy Moses school@kaufmanmusiccenter.org

Check all that apply:

Fall Spring

Summer 20 _____

New student

Returning student

AD YPD SMS

OFFICE USE ONLY
 Registration Date _____

How did you hear about us?

Neighborhood Word of Mouth
 Internet Postcard/mailling
 Merkin Hall Family Member
 Special Music School Other

STUDENT INFORMATION

If more than one member of the family is registering for classes, a separate registration form should be completed for each person.

Gender male female Date of Birth ____ / ____ / ____ (Students under 18)

Last name _____ First name _____

School (Students under 18) _____ Grade _____

Home address _____ City _____ State _____ ZIP _____

Phone (home) _____ (cell) _____ (work) _____

E-mail(s) _____

Parent or guardian 1 (Students under 18) _____ Relationship _____

Phone (work cell) _____ Company _____ Occupation _____

Parent or guardian 2 (Students under 18) _____ Relationship _____

Phone (work cell) _____ Company _____ Occupation _____

PRIVATE LESSONS

New students: Teacher assignment is made in consultation with the Lucy Moses School.
 Please call 212 501 3360 to arrange a placement session. **Returning students:** Please complete the following:

Instrument _____ Room No. _____

Teacher _____ Start Date: _____

Preferred day S M T W TH F Length 30 45 60 90 B

Preferred time range _____

Young Artist Program with Honors Young Artist Program Diploma Level

OFFICE USE ONLY

Reg ID _____

No. of lessons _____

Tuition \$ _____

TOTAL \$ _____

CLASSES For ensemble placement, please indicate instrument/voice type: _____

NAME OF CLASS	TEACHER	DAY	TIME	START DATE	(OFFICE ONLY) REG ID	COST
						\$
						\$
						\$
						\$

Materials fee (please refer to specific course information) \$ _____

PAYMENT

Adult students must pay their tuition in full. All others, if registering for a single semester or if grand total is \$1000 or less, enclose full amount. If grand total is more than \$1000 and you are registering prior to August 1 for the full year, you may pay a deposit of \$390. After your program is confirmed by the Registrar, a statement will be sent to you. **Make checks payable to Lucy Moses School.**

Check \$ _____ Check no. _____ (There will be a \$25.00 fee for all returned checks.)

Cash \$ _____ (in person only) Second ZIP for billing _____

Please charge my: Visa MasterCard American Express Discover

Credit card no. _____

Name on card _____ Exp. date _____

Signature _____ Sec. code _____

Email receipt & invoice
 I authorize Lucy Moses School to automatically charge this card for subsequent tuition installments toward the lesson(s) and class(es) listed above.

Scholarship Applicant

Total tuition and fees \$ _____

Adult registration fee \$ 30.00

Child/teen registration fee \$ 45.00

Suggested contribution (Tax-deductible) \$ 25.00

GRAND TOTAL \$ _____

Discount \$ _____
TOTAL \$ _____