

**BROOKLINE  
MUSIC  
SCHOOL**

**Summer 2009  
Registration Form  
Programs, Classes and Ensembles**

**Student Name:** \_\_\_\_\_ F M Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
School Attending in September, 2009: \_\_\_\_\_ Grade: \_\_\_\_\_  
Ethnicity (optional) - This information is frequently requested by funding agencies.  
 African American  Asian American  Caucasian  Latino  Native American  Other: \_\_\_\_\_

**Parent/Guardian #1 Name:** \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_  
**Parent/Guardian #2 Name:** \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PROGRAM, CLASS & ENSEMBLE INFORMATION**

Name: \_\_\_\_\_  
Session/Dates: \_\_\_\_\_ Time: \_\_\_\_\_

See registration/policies page for payment instructions.

**PAYMENT**  
*Checks are to be made payable to "Brookline Music School."*

<p>Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> Discover Card Number: _____ Exp: _____ Ad/Zip (office use): _____ <input type="checkbox"/> I have read, and understand, the policies of BMS Signature: _____</p>	<p>Tuition: \$ _____ * Applicable Discount: \$ _____ Deposit for Music &amp; More \$200 (non-refundable) \$ _____ <b>TOTAL DUE: \$ _____</b></p>
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*\*Brookline Music School offers a 5% discount to families who sign up for a second class.*

Please mail or fax form to Brookline Music School:  
25 Kennard Road, Brookline, MA 02445 Phone: (617)277-4593 Fax: (617)277-4437

Office Use: SSP \_\_\_\_\_ FMP \_\_\_\_\_ Payroll \_\_\_\_\_ CT \_\_\_\_\_ Confirmation Sent \_\_\_\_\_