



Kurt Stein's School of Music, Inc. Student Registration Form

Student's Name _____

Parent(s) / Guardian Name _____

Address _____

Email _____

Main Phone _____

Other Phone _____

Student's DOB _____

Age _____

Grade _____

Student's School: _____

Parent's Employer: _____

Please check what program(s) student is interested in:

- Private Lessons - Instrument : _____
- Ensemble / Performance Group (Instructor-determined)
- Improvisation Class (Will be offered soon. Please check if interested)
- Music Theory Class (Will be offered soon. Please check if interested)
- Recording Tech Class (Will be offered soon. Please check if interested)

PROGRAM PRICING (Payment via ACH auto-withdrawal)

Program	Price
Private Lessons	\$25.00 per 30 minute lesson
Ensembles	\$50.00 per month
Music Theory Class	\$TBD
Improvisation Class	\$TBD
Recording Tech Class	\$TBD

Emergency and Medical Release:

Student's Name _____ DOB _____

Parent(s) / Guardian Name _____

Main Phone _____ Other Phone _____

In case of emergency, if a parent/guardian cannot be contacted, whom should we contact?

Name: _____ Relationship _____

Main Phone _____ Other Phone _____

Health Insurance Carrier _____ Group # _____

Family Doctor / Medical Facility _____ Phone # _____

Which hospital do you prefer? _____

Current Medications _____

Allergies?

I hereby give permission to Kurt Stein's School of Music, Inc. to provide, administer, seek and consent to emergency treatment for my child, as may be necessary, including but not limited to X-rays, routine tests and treatment and/or hospitalization, I also give permission for Kurt Stein's School of Music, Inc. to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

Parent/Guardian Signature

Date

Print Name

The following information is requested by some of our funders. You are not required to complete this information, but are encouraged to do so. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. **ALL INFORMATION IS KEPT CONFIDENTIAL AND ANONYMOUS WHEN REPORTING TO FUNDERS.** If you do not wish to furnish the information, please check the box below:

I do not wish to furnish this information

Student enrolling:

Ethnicity: ___ Hispanic or Latino ___ Not Hispanic or Latino

Race: ___ American Indian or Alaska Native
 ___ Asian
 ___ Black or African American
 ___ Native Hawaiian or other Pacific Islander
 ___ White

Sex: ___ Female ___ Male

Parent / Guardian income information:

Annual Gross Household Income:

___ \$0-6,999 ___ \$7,000-14,999 ___ \$15,000-24,999 ___ \$25,000-49,000
___ \$50,000-99,000 ___ \$100,000 plus

Thank you so much for your cooperation!



Kurt Stein's School of Music Consent Form

I have read, understand and agree to abide by the terms of the following documents:

1. Program Guidelines
2. Photo Release and Consent
3. Hold Harmless Agreement'

I understand that I may request a hard copy of these documents at any time and that they may be read in their entirety on the website at www.kssom.com . I have been given the opportunity to have all my questions answered.

Student Signature _____ Date _____

Print Name _____

Parent/Guardian Signature _____ Date _____

Print Name _____