

**BROOKLINE  
MUSIC  
SCHOOL**

**SUMMER 2010  
REGISTRATION FORM  
Programs, Classes & Ensembles**

Student Name: \_\_\_\_\_

F  M Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School attending in September 2010: \_\_\_\_\_ Grade: \_\_\_\_\_

Ethnicity (optional) info 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: \_\_\_\_\_

Please see our website, [www.bmsmusic.org](http://www.bmsmusic.org), for policy information.

**PAYMENT**

*Please make checks payable to "Brookline Music School"*

**May 15 is the deadline for withdrawals. No Refunds will be given after May 15, 2010.**

CREDIT CARD:  Visa  Mastercard  Discover

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Security Code (3 digits on back of credit card): \_\_\_\_\_

I have read and I understand the policies of BMS

Signature: \_\_\_\_\_

Billing address if different from above:

\_\_\_\_\_  
\_\_\_\_\_

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

Deposit for Music & More  
\$200 (non-refundable): \$ \_\_\_\_\_

TOTAL DUE: \$ \_\_\_\_\_

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 \_\_\_\_\_ CT \_\_\_\_\_ Payroll \_\_\_\_\_ Policies \_\_\_\_\_ Confirmation sent \_\_\_\_\_