

MUSIC INSTITUTE OF LONG ISLAND

Office: 516-627-7052

www.MiliMusic.com

FALL 2011 STUDENT INSTRUMENTAL INFORMATION FORM

(Please print)

Name of Student _____ Age _____ Date of Birth _____

FULL ADDRESS _____ City _____ Zip _____

Home Phone [] _____ School Attending _____ Grade _____

Father's Name _____ Occupation _____

Company Name/Address _____

Business Phone [] _____ Cellular/Pager [] _____

Mother's Name _____ Occupation _____

Company Name/Address _____

Business Phone [] _____ Cellular/Pager [] _____

Email Address _____ How did you hear of us? Web [] Newspaper [] Friend [] Other []

Caregiver's Name if accompanying child to classes: _____ Cell Number [] _____

INSTRUMENTAL STUDENTS TO COMPLETE:

Instrument 1: _____ Instrument 2: _____

Name(s) of MILI Music Teacher(s) _____ Day(s) / Time(s) MILI Lessons: _____

Teacher 1 _____ Lesson 1 _____

Teacher 2 _____ Lesson 2 _____

Teacher 3 _____ Lesson 3 _____

NEW STUDENTS Day/Time Preferred _____

MILI GROUP TEACHER(S) AND LEVEL(S) _____

SUZUKI STUDENTS ONLY Last Piece Completed and Book # _____

- CHILDREN MUST BE ACCOMPLANIED BY AN ADULT AT ALL TIMES
•ALL KINDERMUSIK AND INSTRUMENTAL GROUP CLASSES ARE SUBJECT TO ENROLLMENT
•NO GROUP CLASS MAKE-UPS PERMITTED
•ONE PRIVATE LESSON MAKE-UP PER SEMESTER WITH 24-HOUR ADVANCE NOTICE
•TEACHERS ARE RESPONSIBLE FOR RESCHEDULING ALL CLASSES THEY CANCEL
•PARENTS ARE RESPONSIBLE FOR READING THE DEAR PARENT LETTER (FALL 2011) DATED JULY, 2011

PARENT / GUARDIAN MUST SIGN AND DATE:

I, the undersigned, am responsible for payment in full of tuition fees and all supplies for each semester. I will pay a \$30 Late Fee if tuition and all fees are not paid in full by September 9th, 2011. Further, I acknowledge that my child WILL NOT be admitted to class unless tuition and all fees are paid by his / her first class day. I understand that the Registration Fee is NOT REFUNDABLE and that a 75 percent Tuition Refund will be given up to and including the second week of classes. I am responsible for a \$40 penalty fee if my check is returned. I further understand I am responsible for all fees paid by using a charge card. I understand that the same teacher may not teach throughout the entire year and teaching changes may be necessary.

Your Signature _____ Date _____ Print Your Name _____

FALL 2011 INSTRUMENTAL INFORMATION (CONT.)

CIRCLE INSTRUMENT(S):

Violin**(3 yrs) Viola**(6 yrs) Cello(4 yrs) Piano (4 yrs) Clarinet (7 yrs) Flute (6 yrs) Recorder (5 yrs) Trumpet (7 yrs)
Trombone (7 yrs) Saxophone (7 yrs) Voice (6 yrs) Electric Bass (8 yrs) Guitar/Electric Guitar (6 yrs)

****NOTE: There is an additional fee to study with directors Carol and Geri Kushner (see bottom of form)**

PRIVATE LESSON only – 15 weeks (FRIDAY)

__90 min __75 min __60 min __45 min __30 min __20 min _____

PRIVATE LESSON only – 16 weeks (MONDAY, WEDNESDAY, THURSDAY, SATURDAY)

__90 min __75 min __60 min __45 min __30 min __20 min _____

PRIVATE LESSON only – 17 weeks (TUESDAY)

__90 min __75 min __60 min __45 min __30 min __20 min _____

SUZUKI 30 Minute GROUP Class – 16 weeks

(Private Lesson Required) for Twinkle and Early Book 1 – Violin and for Piano, Cello, Flute, Brass & Winds _____

SUZUKI 40 Minute Group Class – 16 weeks

(Private Lesson Required) for Mid-Book 1 to Book 4 (Violin, Cello) _____

ADVANCED STRING ENSEMBLE (with Director) – 16 weeks/45 min (by invitation only) _____

GUITAR GROUP CLASS – 16 weeks/45 min (min 4 students) _____

ADVANCED CELLO ENSEMBLE – 16 Weeks/45 min (by invitation only) _____

SIGHT READING NYSSMA PREPARATION VIOLIN/VIOLA – 4 WEEKS

a) __ Level 1 – 3 (30 min) b) __ Level 4 – 6 (45 min) _____

ADVENTURES IN MUSICAL THEATER – 16 Weeks/45 min _____

CHAMBER MUSIC – For Qualified Students – 16 Weeks/day & time to be announced

__Duo 30 min __Duo 45 min __Trio 45 min __Quartet 45 min _____

CELLO AUDITION- Orchestral, College, Adv. Student - Professional 8 weeks or 16 weeks/45 minutes

__ 8 weeks __ 16 weeks _____

__ ****PRIVATE/GROUP MUSICIANSHIP & THEORY CAN BE ARRANGED UPON REQUEST****** _____

****DIRECTOR'S FEE to study with Carol or Geri Kushner**

__20/30 min __45/60 min (Fee Per Semester) _____

ANNUAL REGISTRATION FEE Check One: ____ One Child ____ Two or More _____

SUBTOTAL _____

****FINAL PAYMENT DUE:** at the first day of student's lesson**

Please make CHECKS payable to "MILI" or Music Institute of Long Island

Send completed form (both sides) & payment to:

TOTAL: _____

**Music Institute of Long Island
P.O. Box 119
Manhasset, NY 11030-0119
516-627-7052**