MUSIC INSTITUTE OF LONG ISLAND

Office: 516-627-7052 **www.MiliMusic.com**

2027 Spring Registration Form

Name of Student_____ **Age**_____ **Date of Birth**_____

Student Email _____**Student Cellular** _____

FULL ADDRESS_____ **City**_____ **Zip**_____

Home Phone _____ **School Attending**_____ **Grade**_____

Father's Name_____ **Occupation**_____

Company Name/Address_____ **Email Address**_____

Business Phone _____ **Cellular** _____

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: _____ Instrument 3: _____

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 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
- ALL LESSONS MUST BE COMPLETED BY THE END OF EACH SEMESTER
- PARENTS ARE RESPONSIBLE FOR READING THE DEAR PARENT LETTER (SPRING 2027)

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 JANUARY 4th, 2027**. 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. If a student or parent cancels the make- up lesson or does not come for that lesson, that lesson will not be re-scheduled.

I understand that the same teacher may not teach throughout the entire year & teaching changes may be necessary.

Signature_____ Date_____ Print Your Name_____

CIRCLE INSTRUMENT(S):
Violin** (3yrs.) Viola** (6yrs.) Cello (4 yrs.) Piano (4 yrs.) Jazz /Pop Piano (6 yrs.) Voice (6 yrs.) Clarinet (7 yrs.)
Flute (6 yrs.) Oboe (9 yrs.) Saxophone (7 yrs.)

PRIVATE LESSONS: 14 weeks (FRIDAY); 15 weeks (SATURDAY); 16 weeks (MONDAY); 17 weeks (WEDNESDAY, THURSDAY); 18 weeks (TUESDAY)

PRIVATE LESSONS only – 16 weeks (MONDAY)
___90 min/$ ___75 min/$ ___60 min/$ ___45 min/$ ___30 min/$ _____

PRIVATE LESSONS only – 18 weeks (TUESDAY)
___90 min/$ ___75 min/$ ___60 min/$ ___45 min/$ ___30 min/$ _____

PRIVATE LESSONS only – 17 weeks (WEDNESDAY, THURSDAY)
___90 min/$ ___75 min/$ ___60 min/$ ___45 min/$ ___30 min/$ _____

PRIVATE LESSONS only – 14 weeks (FRIDAY)
___90 min/$ ___75 min/$ ___60 min/$ ___45 min/$ ___30 min/$ _____

PRIVATE LESSONS only – 15 weeks (SATURDAY)
___90 min/$ ___75 min/$ ___60 min/$ ___45 min/$ ___30 min/$ _____

SUZUKI 30 Minute GROUP Class: *Twinkle - Early Book 1/Go Tell Aunt Rhody* - Violin (Monday) – 16 weeks $
(Private Lesson Required) , Group Classes are available *for Piano, Cello, Flute, Brass, Winds* _____

SUZUKI 45 Minute Group Class: Late Book 2 – Book 5 (Tuesday) – 16 weeks $
(Private Lesson Required) *(Violin, Cello)* _____

SUZUKI 45 Minute Group Class: Mid Book 1 /O'Come Little Children - Early Book 2 (Thursday) – 16 weeks $
(Private Lesson Required) *Mid-Book 1 - Book 3 (Violin, Cello)* _____

CELLO Group Class 60 Minute (Tuesday) – 16 weeks $ _____

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

SIGHT READING NYSSMA PREPARATION VIOLIN/VIOLA/ CELLO- 4 WEEKS (Every Other Week)
a) ___ Level 1 – 3 (45 min) $ b) ___Level 4 – 6 (45 min) $ _____

SIGHT READING NYSSMA PREPARATION FLUTE/CLARINET/OBOE- 4 WEEKS (Every Other Week)
a) ___ Level 1 – 3 (45 min) $ b) ___Level 4 – 6 (45 min) $ _____

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

___ Duo 30 min/$ ___ Duo 45 min/$ ___ Duo 60 min/$
___ Trio 45 min/$ ___ Trio 60 min/$ ___ Quartet 60 min/$ _____

___MUSIC THEORY **45 Minute GROUP Class - 16 weeks $** _____

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

__20/30 min/$ ___45/60 min/$ (**Per Semester**) _____

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

SUBTOTAL _____

LESS $ DEPOSIT/ per student Due 12/7/26 _____

****FINAL PAYMENT DUE:** by the first day of student's lesson** ADD **LATE FEE $** AFTER **1/4/27** _____
Payment methods: Check or Cash. 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