

MUSIC INSTITUTE OF LONG ISLAND

Office: 516-627-7052

www.MiliMusic.com

FALL 2022 - 2023 STUDENT INSTRUMENTAL INFORMATION 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 _____

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 Please Fill Out:

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 LEVEL _____ SUZUKI STUDENTS' Last Piece and Book _____

- CHILDREN MUST BE ACCOMPLANIED BY AN ADULT AT ALL TIMES
- ALL 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 2022) DATED JUNE 2022

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 **August 23rd, 2022**. 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 teacher changes may be necessary.**

Parent 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.) Flute/Piccolo (6 yrs.)
Clarinet (7 yrs.) Saxophone (7 yrs.)

PRIVATE LESSON 14 weeks (MONDAY) / 16 weeks (TUESDAY, WEDNESDAY, FRIDAY, SATURDAY) / 17 weeks (THURSDAY)

PRIVATE LESSON only – 14 weeks (MONDAY)

___90 min/\$ ___75 min/\$ ___60 min/\$ ___45 min/\$ ___30 min/\$ ___20 min/\$ _____

PRIVATE LESSON only – 16 weeks (TUESDAY, WEDNESDAY, FRIDAY, SATURDAY)

___90 min/\$ ___75 min/\$ ___60 min/\$ ___45 min/\$ ___30 min/\$ ___20 min/\$ _____

****Director – Carol Kushner & Geri Kushner NO Lesson – Tuesday, October 4th (15 weeks)**

PRIVATE LESSON only – 17 weeks (THURSDAY)

___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 45 Minute Group Class – 16 weeks \$

(Private Lesson Required) for *Mid-Book 1 to Book 5* ___Violin ___Cello _____

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

VOICE GROUP CLASS (Private Lesson Required) – 16 Weeks/45 min (THURSDAY) \$ _____

SIGHT READING NYSSMA PREPARATION VIOLIN/VIOLA – 8 WEEKS & CELLO - 7 WEEKS (Every Other Week)

a) ___ Level 1 – 3 (45 min) \$ b) ___ Level 4 – 6 (45 min) \$ _____

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

___Dúo 30 min/\$ ___Dúo 45 min/\$ ___Dúo 60 min/\$
___Trio 45 min/\$ ___Trio 60 min/\$ ___Quartet 45 min/\$ ___Quartet 60 min/\$ _____

___MUSIC THEORY **30 Minute** GROUP Class – 16 weeks \$ _____

___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 _____

⇒ **10 % Discount on SIGHT READING CLASS when the Student Registers for BOTH Private Lessons & Group Class** ⇒ _____

SUBTOTAL _____

LESS \$ DEPOSIT/ per student Due 6/30 _____

****FINAL PAYMENT DUE:** by the first day of student's lesson** ADD LATE FEE \$ AFTER 8/23 _____

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