

MUSIC INSTITUTE OF LONG ISLAND

Office: 516-627-7052

www.MiliMusic.com

2024 Spring Registration Form

(Please print)

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/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: _____ 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 AND 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 (SPRING 2024)

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 8th, 2024**. 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/parent cancels a make-up or does lesson not show up, the lesson will not be re-scheduled. **I understand that the same teacher may not teach throughout the entire year and 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.) Saxophone (7 yrs.)

PRIVATE LESSON 16 weeks (MONDAY, TUESDAY) / 17 weeks (WEDNESDAY, THURSDAY) / 15 weeks (FRIDAY, SATURDAY)

PRIVATE LESSON only – 16 weeks (MONDAY, TUESDAY)

___90 min ___75 min ___60 min ___45 min ___30 min ___20 min _____

PRIVATE LESSON only – 17 weeks (WEDNESDAY, THURSDAY)

___90 min ___75 min ___60 min ___45 min ___30 min ___20 min _____

PRIVATE LESSON only – 15 weeks (FRIDAY, SATURDAY)

___90 min ___75 min ___60 min ___45 min ___30 min ___20 min _____

SUZUKI 45 Minute GROUP Class (with Director) (Thursday) – 16 weeks

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

SUZUKI 45 Minute Group Class (with Director) (Tuesday) – 16 weeks

(Private Lesson Required) for *Mid-Book 1 to Book 3 (Violin, Cello)* _____

SUZUKI 45 Minute Group Class (with Director) (Wednesday) – 16 weeks

(Private Lesson Required) for *Mid-Book 4 to Book 7 (Violin, Cello)* _____

ADVANCED Group Class (with Director) – 16 weeks/45 min (by invitation only)

SIGHT READING NYSSMA PREPARATION VIOLIN/VIOLA/ CELLO- 5 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 **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 _____

SUBTOTAL _____

LESS \$200 DEPOSIT/ per student Due 12/9 _____

****FINAL PAYMENT DUE:** by the first day of student’s lesson** **ADD LATE FEE \$30 AFTER 1/8** _____

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