

MUSIC INSTITUTE OF LONG ISLAND

Office: 516-627-7052

www.MiliMusic.com

2025 Spring Registration Form

(Please print)

Name of Student _____ Age _____ Date of Birth _____

Student's Email _____ Student's Cellular # _____

FULL ADDRESS _____ City _____ Zip _____

Home Phone _____ School Attending _____ Grade _____

Father's Name _____ Occupation _____

Company Name/Address _____ Email 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 & 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 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 6th, 2025. 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: 16 weeks (MONDAY, FRIDAY, SATURDAY); 18 weeks (TUESDAY, WEDNESDAY, THURSDAY)

PRIVATE LESSONS only – 16 weeks (MONDAY, FRIDAY, SATURDAY)

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

PRIVATE LESSONS only – 18 weeks (TUESDAY, WEDNESDAY, THURSDAY)

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

**SUZUKI 45 Minute GROUP Class: Twinkle - Early Book 1 - Violin (Thursday) – 16 weeks \$
(Private Lesson Required) , Group Classes are available for Piano, Cello, Flute, Brass, Winds** _____

**SUZUKI 45 Minute Group Class (Tuesday) – 16 weeks \$
(Private Lesson Required) Mid-Book 1 - Book 3 (Violin, Cello)** _____

**SUZUKI 45 Minute Group Class (Wednesday) – 16 weeks \$
(Private Lesson Required) Mid-Book 4 - Book 7 (Violin, Cello)** _____

ADVANCED Violin Group Class (Thursday) – 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) \$ _____

SIGHT READING NYSSMA PREPARATION FLUTE/CLARINET/OBOE- 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 45 Minute GROUP Class - 16 weeks \$** _____

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

___20/30 min/\$72 ___45/60 min/\$112 (Per Semester) _____

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

SUBTOTAL _____

LESS \$250 DEPOSIT/ per student Due 12/14/24 _____

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

ADD LATE FEE \$30 AFTER 1/6/25 _____

Payment methods: Check or Cash. Please make CHECKS payable to: "MILI" or "Music Institute of Long Island"

**Send completed form (both sides) & payment to:
Music Institute of Long Island
P.O. Box 119, Manhasset, NY 11030 -0119**

TOTAL _____