



EASTMAN

COMMUNITY MUSIC SCHOOL

Program deadlines and statuses are posted online: <http://summer.esm.rochester.edu>
 If registering after the deadline, please call 585.274.1400 to be sure space remains.
 All programs are subject to cancellation if enrollment is low.

Summer Registration for all ECMS Programs & Private Lessons

(Summer Jazz Studies & Eastman@Keuka applicants must use the residential form at <http://summer.esm.rochester.edu/registration/how-to-register/> and Music Horizons applicants must complete an online application at <https://apply.esm.rochester.edu/apply/>).

Part I: Student Information

Last name, First name	School Grade September 2017	<input type="checkbox"/> Female <input type="checkbox"/> Male
Home address	City/State/Zip	Student's preferred phone <input type="checkbox"/> home <input type="checkbox"/> cell
Email Address for program notification & billing (print clearly)	Date of birth	Student's alternate phone <input type="checkbox"/> home <input type="checkbox"/> cell
Summer address (if different)	Effective dates for summer address	Summer telephone number
Mother/Guardian	Preferred phone <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work	Alternate phone <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work
Father/Guardian	Preferred phone <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work	Alternate phone <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work
Student resides with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (please explain) _____		
School	District	Instrument (or voice range)
Years of study		
Emergency contact name/phone (other than parent/guardian)		

Registration Information for Private Lessons

(You will be billed for private lessons; no payment is due with registration.)

<input type="checkbox"/> classical <input type="checkbox"/> jazz	Lesson length requested	Days & times available for lessons
<input type="checkbox"/> Instructor <input type="checkbox"/> Intern	<input type="checkbox"/> 30-min <input type="checkbox"/> 45-min <input type="checkbox"/> 60-min	
Instrument or voice		

Registration Information for ECMS Summer Programs

Summer Program Title	Tuition
	\$ _____
	\$ _____
Housing (from Part III)	\$ _____
TOTAL due	\$ _____

Part II: Photography, sound and video recording release for all students

I, hereby consent that my child may be photographed and recorded (sound and video) for the Eastman School of Music. The resulting photographs, sound and video recordings may be subsequently used without compensation to me by the Eastman School of Music, the University of Rochester, or third parties for publications (including web sites), advertising, and/or publicity purposes at the discretion of the School's Communications Office. I waive the right to inspect or approve the finished photograph and/or recording and/or publication use. This release form will be kept on file.

Signature of Parent/Guardian _____

Date _____

Part III: Medical Record required by NYS for all students under age 18 attending day camp

Is the student on medication? Yes No If so, please indicate name? _____

Any current restrictions on activity? _____

Allergies to: _____
Food Medications Other

Health care provider _____ Phone Number _____

University Health Services requires the following immunizations. Please specify the most recent date of immunization for each.

Diphtheria _____ Tetanus _____ Polio: _____ Measles #1 _____ Measles #2 _____ Mumps _____ Rubella _____

Haemophilus influenza type B _____ Hepatitis B _____ Varicella (chicken pox) _____

SERIOUS ACCIDENT OR ILLNESS: In case of serious accident or illness involving my child while he/she is in the custody of the Eastman School of Music or its employees every effort will be made to contact parent or guardian. A situation may arise when emergency treatment may be necessary and the parent cannot be reached. In such situations, I authorize University of Rochester personnel to make provisions for treatment with the appropriate medical personnel or facility.

Signature of Parent/Guardian _____

Date _____

Part IV: For all students requesting housing at Eastman Student Living Center

Medical Insurance/Hospitalization (please provide companies & policy numbers) _____

Any current restrictions on diet? _____

Housing in the Eastman Student Living Center is available

- for current high school students who register for both a morning and an afternoon program at Eastman School of Music July 24-28. Cost is \$385 per week (\$77/night) and includes three meals per day. Check-in: Sunday, July 23 after 5 p.m.; checkout Friday, July 28 after 5 p.m. Be sure to include \$385 for Housing on first page with tuition.

Housing Agreement

If housing is requested, I understand that such requested services will be provided unless prevented by events beyond the control of the Eastman School of Music of the University of Rochester. Policies permit a refund only if notice of cancellation has been received at least one week prior to the beginning of the requested program. Students will be liable for damage to Eastman School of Music property. The use of tape and the driving of nails, screws, or tacks into walls or furniture is prohibited. No furniture may be moved out of the quarters assigned and no equipment (other than occasional pieces such as book cases, table, lamp) may be added without permission. I have read and understand the Rules and Regulations at www.summer.esm.rochester.edu/registration/how-to-register and I agree that my son/daughter/I will abide by these stated rules and regulations as a condition of his/her/my residency.

Signature of Parent/Guardian _____

Date _____

Part V: Payment Information for all students attending camps

Your payment (U.S. Funds) must be sent with this form. Checks should be made payable to Eastman School of Music.

Check Visa MasterCard Discover _____ \$ _____
Check number Amount

Card number _____ Expiration date _____ Security Code _____

Name as it appears on card (please print) _____ Signature required for card payment _____

NOTE: If UR Waivers are applicable, please deduct the appropriate amount.

All forms and payments should be sent to:
Eastman Community Music School, 26 Gibbs Street, Rochester, NY 14604-2599
Fax: 585.274.1005; community@esm.rochester.edu
Phone: 585.274.1400; 800.246.4706