



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 & Music Horizons applicants must complete an online application at <https://apply.esm.rochester.edu/apply/>).

Part I: Student Information

_____	_____	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other _____
Last Name, First Name	School Grade Completed 2017-18	
_____	_____	_____
Home Address	City/State/Zip	Student's preferred phone <input type="checkbox"/> home <input type="checkbox"/> cell
_____	_____	_____
Email Address for program notification & billing <i>(print clearly)</i>	Date of Birth	Student's alternate phone <input type="checkbox"/> home <input type="checkbox"/> cell
_____	_____	_____
Summer Address <i>(if different)</i>	Effective dates for summer address	Summer telephone number <i>(if different)</i>
_____	_____	_____
School	District	Instrument (or Voice Range)
_____	_____	_____
		Years of Study & Current NYSSMA Level <i>(if applicable)</i>

For Students Under 18:

_____	_____	_____
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) _____		

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 _____	_____
<input type="checkbox"/> Instructor <input type="checkbox"/> Intern Instrument or Voice	<input type="checkbox"/> 30 min <input type="checkbox"/> 45 min <input type="checkbox"/> 60 min	Days & Times Available for Lessons

Registration Information for ECMS Summer Programs

Summer Program Title _____	Tuition _____
_____	\$ _____
_____	\$ _____

*10% discount for ECMS students enrolled both semesters of 2017-18 school year; 25% discount for children of qualifying University of Rochester employees upon completion and acceptance of tuition waiver application.

← Discount 10%*	\$ _____
← Discount 25%*	\$ _____
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 _____

OPT OUT

Part III: Medical Record Required by NYS for All Students Under Age 18

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

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 month and year 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: 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, and be sure to apply for employee waivers through HRMS.

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