

# SCMC ALTERNATIVES FOR STRINGS REGISTRATION FORM

Mail registration with payment  
or deposit by **MAY 2011, to:**

SCMC Alternative for Strings  
St. Cecilia Music Center  
24 Ransom NE  
Grand Rapids, MI 49503

## STUDENT INFORMATION *(please print clearly)*

Student Name \_\_\_\_\_ Age \_\_\_\_  M  F Grade in fall 2010 \_\_\_\_\_  
Parent/ Guardian \_\_\_\_\_ Parent Email \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Address \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Parent Email \_\_\_\_\_  
Student's School \_\_\_\_\_ Grade in fall of 2010 \_\_\_\_\_  
Private Teacher's Name \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION List two people who would be able to act in your place if you cannot be located.

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## PHOTO PERMISSION

I DO  I DO NOT give SCMC permission to take photos of my child for use in printed and web site promotinal material.

Parent Signature \_\_\_\_\_

## TUITION

\$80: SCMC School of Music ensemble student or donor  \$90: non-SCMC ensemble student or donor

TOTAL tuition due \_\_\_\_\_ Amount paid / enclosed \_\_\_\_\_ Date \_\_\_\_\_

PAYMENT METHOD:  Check # \_\_\_\_\_  Cash  Visa  Mastercard  Discover

Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Card holder signature \_\_\_\_\_ Print card holder name \_\_\_\_\_

3-digit security code from back of card: Vcode \_\_\_\_\_

**Make checks payable to ST. CECILIA MUSIC CENTER.**

I would like financial aid information.

**\$25 nonrefundable deposit due with registration. Balance due by June 25, 2010. After June 25 there will be no refunds of balance except in the event of illness. If your application is declined due to instrumentation limitations, you will receive a full refund.**