 **Ottley Music School**

University Town Center, 6525 Belcrest Road, Suite G-20, Hyattsville, MD 20783-2003

**OFFICE:** (301) 454-0991 **FAX:** (301) 454-0298

**WEBSITE:**  www.ottleymusic.org **EMAIL:** contact@ottleymusic.org

**REGISTRATION FORM** 2016-2017

**Please print clearly. Check/Circle ALL that apply.**

**By signing this form, I confirm that I intend to study at Ottley Music School for the:**

[ ]  New Student [ ]  Returning Student [ ]  Summer 2016 [ ]  Female [ ]  Male Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTACT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **STUDENT’S NAME:**  |  | **STUDENT E-MAIL:**  |  |
| **DOB: (**AGE 18 & UNDER ONLY) |  | **HOME PHONE:** |  |
| **BIRTH PLACE:**  |  | **NATIVE LANGUAGE:** |  |
| **EMERGENCY CONTACT:** | **Name:** |  | **Number:** |  |
| **Relationship:** |  | **Email Address:** |  |
| **PARENT/GUARDIAN:** (IF UNDER 21) |  | **RELATIONSHIP:**  |  |
| **ADDRESS:** |  | **WORK PHONE:**  |  |
| **CITY/STATE:**  |  | **CELL PHONE:**  |  |
| **ZIP CODE:**  |  | **PARENT E-MAIL:**  |  |
| **2nd PARENT/GUARDIAN:** |   | **RELATIONSHIP:**  |  |
| **ADDRESS:** |  | **WORK PHONE:**  |  |
| **CITY/STATE:**  |  | **CELL PHONE:**  |  |
| **ZIP CODE:**  |  | **PARENT E-MAIL:**  |  |
| **SCHOOL OR COLLEGE:** |  | **SCHOOL PHONE:**  |  |
| **GRADE:**  |  | **PRINCIPAL:**  |  |
| **ANY MEDICAL CONDITION(S) / ALLERGIES:** [ ] No [ ] Yes **Please describe:**  |
| **PHYSICIAN’S NAME:**  |  | **PHYSICIAN’S PHONE:** |  | **PHYSICIAN’S EMAIL:** |  |

MUSICAL HISTORY

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Have you studied music before?*  |  | *If yes, please list:* | **[ ] instruments:**  |  | **[ ]  voice:**  |  |
| **When:**  | **Where:**  | **Teacher:**  |
| (year to year) | (School/Studio/University - City/State/Country) |
| **When:**  | **Where:**  | **Teacher:**  |
| (year to year) | (School/Studio/University - City/State/Country) |
| **Current skill level? (Circle number)** | [ ]  BEGINNER **1 2 3 4**  | [ ]  INTERMEDIATE **5 6 7** | [ ]  ADVANCED **8 9 10** |
| **Do you own an instrument?** |  | **[ ] Yes [ ] No** | **If yes, please list brand & age:** |  |
| **Do you need to rent an instrument?**  | **[ ] Yes [ ] No** |

|  |
| --- |
| **MUSICAL GOALS** |
| **Recent chamber works: (Composer, Piece with Opus Number, part performed.)****Solo repertoire last studied:**1.
 |
| **What Are you Interested in Performing? (Composer, Piece with Opus Number, designated movement)** |

I found out about the Ottley Music School by:

|  |
| --- |
| TUITION AND FEE |
| **Application****FEE** | **$125 per student** - These **non-refundable** fees apply for Chamber Festival. Paying the registration will reserve your spot in the festival.  |
| **Tuition FEE**  | **$375 per student** |
| **SCHOOL YEAR PAYMENT OPTIONS** | **There are Three main methods of payment for the school year:** |
| **1** | Payment of tuition before or at time of festival. |
| **2** | *Bi-weekly* **automatic debit/credit card draft**, with a $75 Deposit |
| **3** | *Monthly* **debit/credit card draft**, with a $100 Deposit |

Bank Draft Information: (Copy of a Check is necessary)

![[sample check graphic]]()

Credit Card/ Debit Card Information

  

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Cardholder:** |  | **Card Type:** |  |  |
| **Card number:**  | **Expiration Date:** |  |

**SIGNATURE** verifies agreement that he/she understands the terms of payment and is required to submit payment according to the plan chosen and contracted by the signatures below.

|  |  |  |
| --- | --- | --- |
| ***Signature of Payer*** |  | **Date:** |
| ***Printed Name*** |  |
| ***Signature of OMS Witness*** |  | **Date:** |
| ***Printed Name*** |  |

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**Recurring Payment Authorization Form**

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

**Recurring Payments Will Make Your Life Easier:**

* It’s convenient (saving you time and postage)
* Your payment is always on time (even if you’re out of town), eliminating late charges

**Here’s How Recurring Payments Work:**

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an “ACH Debit.” You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

**Please complete the information below:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize Ottley Music School, Inc. to charge my credit card

 (full name)

indicated below for \_\_\_\_\_\_\_\_\_\_\_\_ on the \_\_\_\_\_\_\_\_ of each \_\_\_\_\_\_\_\_\_\_\_\_ for payment of my

 (day or date) (insert time period)

[ ]  Private Music Lessons (Instrument)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Music Classes \_\_\_\_\_\_\_\_\_\_\_\_

Billing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Checking/ Savings Account Credit Card**

|  |  |  |
| --- | --- | --- |
| [ ]  Checking [ ]  SavingsName on Acct \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Bank Routing # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Bank City/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ check_crop |  | [ ]  Visa [ ]  MasterCard [ ]  Amex [ ]  DiscoverCardholder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp. Date \_\_\_\_\_\_\_\_\_\_\_\_  |

SIGNATURE \_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify OTTLEY MUSIC SCHOOL in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Ottley Music School may at its discretion attempt to process the charge again within 30 days, and agree to an additional **$35** charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.  I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company, so long as the transactions correspond to the terms indicated in this authorization form.

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**Photo/Video Release Form**

Dear Parent/Guardian, Care taker, Student,

The Ottley Music School would like to take pictures (still and video) of you, your student relatives, while you, he or she participates in one of our activities. The pictures will be filed and perhaps used on our website (www.ottleymusic.org), in our handbook or publications for members, and on posters/fliers/palm cards, Facebook page and group, etc., advertising our organization. Moreover, the picture(s) might be used to illustrate articles in area newspapers.

In order to continue the activities of Ottley Music School, it is important that we illustrate and document the activities to the public. Therefore, we kindly ask for your permission to use videos and pictures of yourself, and your student relatives.

With kind regards,

Nevilla E. Ottley, Founder/Principal

Ottley Music School, Inc.

**With my signature, I hereby allow Ottley Music School to photograph and videotape and use pictures of me or my child/children or relative student(s) as stated above:**

*Name (student):*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Instrument(s)/Voice:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent(s)/Guardian(s) Name:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Telephone (Home): \_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Mobile):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Email:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Date*\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Authorizing Signature (person 18 years +)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Signator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_