



DES MOINES SYMPHONY
ACADEMY

2016-2017 Private Lessons Registration Form

INSTRUMENT/INSTRUCTOR INFORMATION

- Piano** Ahmad Giunta Brutian-Grant Helmich Rubin
 Violin Brechtel Helmich Miranda Salamone
 Viola – Miranda **Flute** – Stein **Percussion** – Williams
 Cello – Chang **Horn** – Johnson **Voice** – Stein
 Bass – Charlson **Trumpet** – Baughman
 Harp – Foss **Trombone** – Maday
 Tuba – Atlas

LESSON SCHEDULE INFORMATION

- 30-minute START DATE: _____ Family Referral Name: _____
 45-minute LESSON DAY: _____
 60-minute LESSON TIME: _____

STUDENT REGISTRATION INFORMATION

Student Name _____ Student Birth date ____/____/____
Parent(s)/Guardian(s) _____
Mailing address _____
City _____ State IA Zip _____
Phone: Primary _____ Secondary _____ Student Cell _____
Primary/Billing Email address _____
Secondary Email address(es) _____
School _____ Grade 2016-2017 _____
Parent/Guardian No. 1 Place of Employment _____ Work Phone _____
Parent/Guardian No. 2 Place of Employment _____ Work Phone _____

PARENT/GUARDIAN POLICIES ACKNOWLEDGEMENT

By initialing and signing below, I acknowledge and accept the following:

1. I have received a copy of the Symphony Academy's Private Lessons Tuition, Attendance and Student Safety Policies and understand my responsibilities and obligations regarding tuition, attendance and student safety. _____(initials)
2. I grant permission for photos/video to be taken of my child for use in Symphony Academy promotional materials. _____(initials)

Parent/Guardian Signature

Date

TUITION PAYMENT METHOD

- AUTOCHARGE** Card No.: _____ Exp. Date: _____
(your credit card number will be kept securely on file)
- MONTHLY INSTALLMENTS** (checks should be made payable to Des Moines Symphony Academy)

Completed Registration Forms can be returned to **Joshua Barlage, Managing Director,**
Des Moines Symphony Academy, 1011 Locust Street, Suite 400, Des Moines, IA 50309
or e-mailed to academyregistrar@dmsymphony.org