



DES MOINES SYMPHONY  
**ACADEMY**

**Beginning Strings Program Registration Form – Fall 2017**  
**Fall Semester: Sep 11 – Nov 11, 2017**

**CLASS SCHEDULE AND TUITION** Please indicate a 1<sup>st</sup> and 2<sup>nd</sup> Class Preference

**Location: The Temple For Performing Arts**

**Instructor: Renee Brechtel**

Monday	Tuesday	Wednesday	Thursday	Friday
__ 1:30-2:15pm	__ 3:30-4:15pm	__ 11:00-11:45am	__ 3:30-4:15pm	__ 1:30-2:15pm
__ 2:15-3:00pm	__ 4:15-5:00pm		__ 4:15-5:00pm	__ 2:15-3:00pm

\_\_ I am in need of a sponge shoulder rest. The cost of this sponge will be \$7 and can be added to your Fall tuition.

**Tuition: \$160, includes nine (9) weekly classes per semester**

**STUDENT REGISTRATION INFORMATION**

Student Name \_\_\_\_\_ Student Birth date \_\_/\_\_/\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State IA Zip \_\_\_\_\_

Primary/Billing Email address \_\_\_\_\_

Secondary Email address(es) \_\_\_\_\_

School \_\_\_\_\_ Grade 2017-2018 \_\_\_\_\_ Student Cell \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Primary Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Primary Phone \_\_\_\_\_

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 Group Lessons Tuition, Attendance and Student Safety Policy 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

**PAYMENT INFORMATION**

Credit card    Visa    Master Card    Discover    American Express

Credit card number: \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code: \_\_\_\_\_

Charge Amount: \_\_\_\_\_

Check #: \_\_\_\_\_ Check Amount: \_\_\_\_\_ (please make checks payable to Des Moines Symphony Academy)

Completed Registration Forms can be returned to:

Des Moines Symphony Academy, 1011 Locust Street, Des Moines, IA 50309 or e-mailed to [academyregistrar@dmsymphony.org](mailto:academyregistrar@dmsymphony.org)