

# STUDENT REGISTRATION

Complete this form and return with appropriate tuition. New students add \$35 registration fee  
See current brochure/rate sheet for payment details

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ M/F

Address \_\_\_\_\_  
Street Town State/Zip

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

E-Mail \_\_\_\_\_

Instrument(s) \_\_\_\_\_ Lesson Length \_\_\_\_\_

**Enrolling for:** (check all that apply) **4 Lesson Intro** \_\_\_\_\_ **Semester** \_\_\_\_\_ **In Studio** \_\_\_\_\_ **Remote** \_\_\_\_\_

**My Scheduling Availability**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Earliest in -	_____	_____	_____	_____	_____	_____
- latest out	_____	_____	_____	_____	_____	_____

Please provide any student profile information that will make their music education more productive (include psychological, physical, learning, ADHD, Dyslexia, etc.)

*All information given to Rosehill Music will be held in confidence.*

**Students are expected to have respect for their teachers, other students, the facility and to arrive on time. Lesson time lost from late arrival or disciplinary issues will not be made up.**

**Your music lesson schedule is expected to be a priority to you. Our teachers' time is valuable and is to be respected.** We are not responsible for cancellations in excess of our allotment. We recommend that you reserve any cancellations for illness or family emergencies. Vacations, parties, sports etc. do not get the same consideration.

Rosehill Music Academy Instructors are contracted to teach students acquired by RHMA on its premises or by authorized remote means. Teachers are bound to not accept requests from any RHMA family to teach outside of RHMA's purview.

- **I HAVE READ THE CURRENT POLICY INFORMATION PROVIDED and agree to hold Rosehill Music Center, Inc. HARMLESS in regards to any COVID related claims.**
- I understand that photos may be used in RHMA's non-internet promotional endeavors.
- I CONFIRM THAT I AM RESPONSIBLE FOR PAYMENT OF TUITION.  
RHMA is not responsible to collect tuition from any other party.

Print Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**RoseHill Music Academy**  
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www.rosehillmusic.net  
914 747-2585 phone/text