

Please type or print clearly

Personal Information

Parent Name _____ / _____
Student Name _____ Date of Birth month _____ day _____ year _____
Address _____ City _____ State _____ Zip _____
Phone(_____) _____ Work Phone(_____) _____ Cell Phone(_____) _____
Students Grade Level _____ Name of School _____
Emergency Contact Name _____ Emergency Phone(_____) _____
Email Address _____ Would you like to receive our e-newsletter Yes / No

Major Study *(Indicate program to which you are applying)*

- Early Child Hood Camp *(ages 5-7yrs old - July 5-9, 10)*
 Musicial Theater Camp *(ages 8-18yrs old - July 12-16, 10) (list show experiece)* _____
 Classical Music Camp *(ages 8-18yrs old - July 19-23,10) (instrument)* _____
 Rock & Jazz Camp *(ages 8-18yrs old - July 26-30, 10) (instrument)* _____

Private Lessons - 1 total *(optional)*

- 1/2 hour lesson *(instrument)* _____
 1 hour lesson *(instrument)* _____

How many years have you played _____ Do you take private lessons Yes / No How many years private lessons _____
Current Private Teacher _____ What level are you *(circle one)* Beginner Intermediate Advanced
Instructor Desired *(Check website, www.amisummercamp.org for updated artist-faculty before making your decision. Must choose three)*
1st choice _____ 2nd _____ 3rd _____

Scholarship / Financial Assistance Information

Note: In order to be considere for scholarship/financial aid, applicats must complete the scholarship form and postmarked before April 1st, 2010. No scholarships/financial aid will be awarded to any applicant submitting an application after the April 1st, 2010 deadline.

Are you applying for a scholarship/financial assistance Yes / No

Tuition *(10% off 2 or more family members and one registration fee per family)*

Tuition Amount: \$325 *(register before - 2/15/10)* \$350 *(registration 2/16 - 3/31/10)* \$375 *(registration 4/1 - 6/26/10)*
Private Lessons *(optional - 1 total)*: \$30 - 1/2 hour \$60 - 1 hour After Camp Care: \$150 *(per session)* Registration Fee: \$35
Form of Payment: Check Cash Credit Card Payment Plan *(\$25 additional fee)*

Credit Card Payment Information:

Name on card _____ Card Card # _____
Expiration Date _____ CCV # *(last 3 #'s back of card)* _____ Signature of Card Holder _____
Billing Address _____ City _____ State _____ Zip _____

I understand a non-refundable deposit of \$150 will be due upon registration, which is applied to the total cost of tuition. Payment Plan is \$25 fee added to the initial billing cycle. Payment Plan remaining balance will be billed in three equal installments on the first day of the three following months after registration. If registering less than three months before the start of the camp, payments shall be made in two installments. Tuition in full must be received before July 1st.

Parent Signature _____ Date _____

My signature indicates that I understand all AMI Summer Music Camp rules and regulations including tuition and payment policies, registration policies, withdrawal policies, and student conduct policies. If signing up for a payment plan, my signature denotes my acceptance of the above mentioned automatic debit from my credit card as indicated above. I understand that there are no refunds for missed days or classes. I understand that after tuition is paid in full or after July 1st, 2010 tuition is non-refundable, only in case of a medical emergency with a doctors' note which deems the student unable to attend.

Office Use Only