



# OMAHA CONSERVATORY OF MUSIC

## Student Registration Form

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ cell home work

Primary E-mail Address \_\_\_\_\_

Instrument \_\_\_\_\_ Teacher \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

**Length** 15 30 45 60 Start Date \_\_\_\_\_ Total Number of Lessons for year \_\_\_\_\_

### Family Information

**Parent/Guardian's Name** \_\_\_\_\_ **Male** **Female**

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_

**Parent/Guardian's Name** \_\_\_\_\_ **Male** **Female**

Secondary Phone Number \_\_\_\_\_

Secondary E-mail Address \_\_\_\_\_

Home Address *(if different)* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Place of Employment \_\_\_\_\_

*I have read and understand the policies of Omaha Conservatory of Music and agree to adhere to these terms. I understand that any late payments will make me subject to an additional late fee that is not included in the normal cost of tuition.*

*I choose the Automatic Credit Card Charge: Omaha Conservatory of Music is authorized to charge the credit card listed for monthly tuition.*

Credit Card Type \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_  
 Credit Card Number \_\_\_\_\_  
 Zip Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Signature of person responsible for payment** \_\_\_\_\_ **Date** \_\_\_\_\_

### *For Office Use Only*

#### Payment Information

**Total Amount Due** \_\_\_\_\_ **Received Scholarship** \_\_\_\_\_

**Payment Option** yearly bi-yearly monthly

**Payment Method** ck/cash automatic credit card credit card

*Please return this form, any additional registration forms, initial payment and lesson cost form to:  
 10525 Pacific Street, Omaha, NE 68114  
 Call 402.932.4978 or e-mail Rachel Aalund Griggs [aalundrl@omahacm.org](mailto:aalundrl@omahacm.org) with any questions.*