

Hoff-Barthelson Music School

Summer Arts Program

June 25 – July 27, 2012

Student Name _____
 Birth date _____ Grade Next September _____ Parents' Names _____
 Address _____ City _____
 State _____ Zip _____ Email _____
 Home Telephone _____ Work Telephone (Specify parent) _____

ELEMENTARY PROGRAM: for students entering 2nd-3rd grades in September, 2012

Instrument studied (if any) _____ Number of years _____

Instrument desired for summer study (choose one):

Violin _____ Recorder _____ Piano* (limited enrollment) _____

JUNIOR PROGRAM: for students entering 4th-6th grades in September, 2012

Instrument studied (if any) _____ Number of years _____

*Instrument(s) desired for summer study _____

SENIOR PROGRAM: for students entering 7th-10th grades in September, 2012

Instrument studied (if any) _____ Number of years _____

*Instrument(s) desired for summer study _____

Does your child have any medical problems of which the School should be aware? yes _____ no _____

I wish to enroll my child in the:

Morning Only _____ \$1435 Extended Day _____ \$2040
 Afternoon Only _____ \$755 Afternoon Only Plus HB Rocks! _____ \$1480
 Afternoon Only Plus Musical Theatre Workshop _____ \$2190
 Extended Day Plus HB Rocks! _____ \$2765
 Extended Day Plus Musical Theatre Workshop _____ \$3475
 HB Rocks! Only _____ \$725
 Musical Theatre Workshop Only _____ \$1435

(Fee includes music, art materials and Summer Arts T-shirt.)

An additional fee of \$80 will be charged for students studying piano. Enrollment is limited.

How did you hear about the Summer Arts Program?

Brochure in the mail _____ Teacher _____ Other Camper _____
 Newspaper/Magazine Advertisement _____ www.hbms.org _____ Search Engine _____

A deposit of \$100 will hold a space in the program.

Checks may be made payable to Hoff-Barthelson Music School.

The balance of tuition will be billed and is payable by June 15, 2012.

Deposits are refundable until May 15, 2012. Deposit enclosed: \$ _____

Tuition is not refundable after June 15, 2012.

On occasion HBMS uses photographs of students in its publicity materials.

Please indicate if we may use photographs of your child(ren). Yes _____ No _____

You will be called to schedule an appointment to plan the student's schedule.

Parent Signature

Date