

Community Music School



Marian Anderson String Quartet

COMMUNITY MUSIC SCHOOL

<http://www.marianandersonstringquartet.com>

979-246-2162

Tuition Postmarked by August 5 to Address Below, Thank you!

REGISTRATION FORM

FALL SESSION

August 30-December 10, 2010

LOCATION: First United Methodist Church. 506 E. 28th Street, Bryan, Texas

APPLICATIONS WILL BE ACCEPTED THROUGHOUT THE YEAR

PLEASE SEND TO:

**Marian Anderson String Quartet Community Music School
P.O. Box 6237, Bryan, Texas 77802-6237**

Spring year 20____ | Summer year 20____ | Fall year 20____

How did you learn of the MASQ Community Music School?

Radio Television Flyer/Poster Other: _____

What is your primary musical interest? (i.e., violin, viola, cello, composition, chamber music, history, performance?) _____

Student Information (please fill out a separate application for each student within your household, although only one tuition check is necessary per household)

Female | Male

Last (family name)

First

Middle

Preferred First Name

Date of Birth: Month ____ Day ____ Year ____

Country of Citizenship _____

CONTACT #1 (Emergency contact)

Parent (Guardian)

Name: Last _____ First _____

Daytime Phone _____ Cell Phone _____

Home E-mail Address _____ Parent (Guardian) work e-mail _____

CONTACT #2

Parent (Guardian)

Name: Last _____ First _____

Daytime Phone _____ Cell Phone _____

Home e-mail Address _____ Parent (Guardian) work e-mail _____

Current Mailing Address: (if different from Contact #1)

Number and Street _____ Apartment No. _____

City _____ State _____ Zip Code _____ Country _____

Telephone No. _____ Cell Phone No. _____ E-mail Address _____

Student Musical Background Information

Student's full name _____

Current Grade/School or Job Position _____

Principal Music Instructors and/or Private Teachers _____

Years of Study _____

Your music program (Indicate the program to which you are applying) Check all that apply:

PRIVATE INSTRUCTION

INCLUDES:

1. studio classes, usually weekly, which provide students an opportunity to perform for their peers within your instructor's studio in an informal setting
2. monthly master class which includes all instrumental private studios and group classes
3. MASQ's Chamber Music Workshop
4. End-of-session recital

- VIOLIN: Marianne Henry Private Lessons (30, 45, or 60 minutes as determined by your instructor)
- VIOLIN: Nicole Cherry Private Lessons (30, 45, or 60 minutes as determined by your instructor)
- VIOLIN: Diedra Lawrence Private Lessons (30, 45, or 60 minutes as determined by your instructor)
- VIOLA: Diedra Lawrence Private Lessons (30, 45, or 60 minutes as determined by your instructor)
- CELLO: Prudence McDaniel Private Lessons (30, 45, or 60 minutes as determined by your instructor)
- Other Musical Emphasis for private instruction? _____

GROUP CLASSES (BASED ON MINIMUM ENROLLMENT OF 2)

INCLUDES: (where appropriate)

1. Access to a monthly master class which includes all instrumental private studios and group classes
 2. MASQ's Chamber Music Workshop
 3. End-of-session recital option
- Twinkle Tots (3-4 year olds with parent supervision)
(violin viola cello; where appropriate)
- Beginner Class (5-8 years old with parent supervision)
 violin viola cello
- Adult Beginner Class
 violin viola cello

CLASSROOM ACTIVITIES

- Music Appreciation (a basic understanding of the history of music)
- Music Fundamentals (the basics of music theory (rhythm, harmony, melody))
- Sight Singing and Note Reading
- Music History (advanced)
- Music Theory (advanced)

CHAMBER MUSIC WORKSHOP with the Marian Anderson String Quartet

(Please check your primary instrument)

- Violin
- Viola
- Cello
- Piano
- Other _____
- Pre-formed Group (fill out information below)

PRE-FORMED GROUPS ONLY:

I am a member of a: trio quartet quintet

How long has your group played together in its current formation?

0-3months 3months-1 year more than 1 year how many years? _____

Each member of a pre-formed group must submit their own, separate application form with the “Pre-formed Groups Only” box checked.

Print the name and instrument of each member of your group below.

Primary Contact Information Should Be On Line No. 1.

1. Name _____ Instrument _____

2. Name _____ Instrument _____

3. Name _____ Instrument _____

4. Name _____ Instrument _____

5. Name _____ Instrument _____

Please enter a 5- to 7-line musical biography of yourself for the Concert Program

PRINT STUDENT'S NAME: FIRST _____ LAST _____

Do You Need Financial Aid? Yes No

Please include a brief statement, indicating the amount needed: **MANDATORY REQUIREMENT: Most recent Tax Return, OR Paycheck Stub with a statement of your monthly bills**

Fee Schedule: MASQCMS accepts cash, checks or money orders

(Please fill out a separate application for each student within your household, although only one tuition check is necessary per household)

- Checks:** Make checks or money orders payable to MASQCMS
- Cash:** Tuition in cash must be received in a white envelope with the
Instructors name, Student's full name, duration (30,45,60) of the lessons, AMOUNT
written on the front of the envelope.

When to Pay: On or before the BILL DATES below, late enrollment will be prorated

Where to Pay: Send Checks or money orders to PO Box 6237, Bryan, Texas 77802-6237
 Payments accepted in person by an instructor on or before due dates.

Summer Session I and II	Date offered	Programs offered	Bill date
I and II	August 30-Oct.16 October 17-Dec. 10 (No class week of Nov.21)	Music Fundamentals Music Appreciation Sight Singing & Note Reading Chamber Music Workshop Adult Beginner Class	August 30 (Group and Private Lessons) October 1* October 17(Group Classes only)
	August 30-December 10 th * (No lessons week of Nov.21)	Twinkle Tots Beginner Class Private Lessons*	November 1* December 1*
			(NO LATER THAN THE 5TH OF EACH MONTH)

CHAMBER MUSIC		LESSONS		CLASSROOM	GROUP CLASS						
Fall Session	Chamber Music Workshop w/MASQ	Private Lessons: Henry, Cherry Lawrence, McDaniel		a. Music Appreciation, b. Music Fundamentals, c. Sight Singing & Note Reading	Group Classes (instrumental lessons in a class setting)						
Tuition	\$140 per 7 week session	30 min	\$25x4	\$140 per 7 week session	\$140 per 7 week session						
		45 min	\$35x4								
		60 min	\$45x4								
BILLING DATES (late registration for classes will be accepted and prorated)	Payment dates <u>Session Date</u> August 30 October 17	Payment dates <u>Session Date</u> August 30 September 1 October 1 November 1 December 1		Payment dates <u>Session Date</u> August 30 October 17	Payment dates <u>Session Date</u> August 30 October 17						
Please postmark all payments no later than 3 business days in advance of the due date.											
Location	First United Methodist Church of Bryan unless otherwise noted by your instructor	First United Methodist Church of Bryan unless otherwise noted by your instructor		First United Methodist Church of Bryan unless otherwise noted by your instructor	First United Methodist Church of Bryan unless otherwise noted by your instructor						
Schedule	Coachings/Rehearsal scheduled with instructor upon enrollment	Private lesson and Studio class scheduled with instructor upon enrollment Monthly Masterclass TBA		<table border="1"> <tr> <td>Fundamentals</td> <td>TBA</td> </tr> <tr> <td>Appreciation</td> <td>TBA</td> </tr> <tr> <td>Sight singing</td> <td>TBA</td> </tr> </table>	Fundamentals	TBA	Appreciation	TBA	Sight singing	TBA	Beginning Strings TBA Twinkle Tots TBA Adult Classes TBA Monthly Masterclass TBA
Fundamentals	TBA										
Appreciation	TBA										
Sight singing	TBA										
Additional Information	Fun and Intensive Small Ensembles class. Students assigned to various groups from Duos to Octets	FREE Chamber Music Workshop ½ off Classroom Activity		No musical knowledge is necessary to begin the courses; enroll at any point.	FREE Chamber Music Workshop ½ off Classroom Activity						

PRIMARY PHYSICIAN'S INFORMATION

Number and Street _____ Suite No. _____

City _____ State _____ Zip Code _____ Country _____

Telephone No. _____ Cell Phone No. _____ E-mail Address _____

Student Medical Background Information

Student's full name _____

Allergies (if any) _____

Medical Conditions _____

The undersigned gives permission to Marian Anderson String Quartet Community Music School and Chamber Music Institute, its owners and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health. I request that our doctor/physician be called and that I/my child be transported to the nearest hospital by any medical professionals, owners, operators and staff of MASQCMS, my legal age next of kin, my legal age family friends or legal age associates if Marian Anderson String Quartet Community Music School and Chamber Music Institute deems necessary.

Student's Signature/ Parent's Signature (if under 18) Date

PLEASE INCLUDE A PHOTOCOPY OF YOUR HEALTH INSURANCE CARD. If participant does not have health insurance please list NO INSURANCE at the bottom of this form.

PART II: PARENTAL CONSENT FOR MINORS PARTICIPATION IN ALL MASQ/CMS and MASQ/CMI Events

I hereby give my consent for my son/daughter, _____ to participate in all activities that pertain to the schedule of the Marian Anderson String Quartet Community Music School and Chamber Music Institute and I release the Marian Anderson String Quartet Chamber Music Institute (including all directors, officers, employees, agents, or volunteer workers) or event organizers from any claim or liability that may arise directly or indirectly from my child's presence or participation in the activities. I agree that MASQCMS and MASQCMI is not responsible for any personal injury, loss or damage that my child may suffer in connection with this event. I also agree to defend, indemnify, and hold harmless the said parties from any claim arising from any wrongful or negligent conduct by my child while a participant at the MASQCMS and MASQCMI.

Student's Signature/ Parent's Signature (if under 18) Date

MASQCMS POLICY

The Marian Anderson String Quartet Community School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs

Registration: The first month's private lesson tuition and/or First 7 week class and chamber music session tuition is required at time of registration.

NOTE: Classes subject to cancellation due to insufficient enrollment

Payment of Fees: Tuition must be paid by check, cash or money order on or before the designated due date for this session(August 30th)

(please fill out a separate application for each student within your household, although only one tuition check is necessary per household)

Checks: Make checks or money orders payable to MASQCMS

Cash: Tuition in cash must be received in a white envelope with the
Instructors name, Student's full name, duration (30,45,60) of the lessons and the
AMOUNT ENCLOSED written on the front of the envelope.

When to Pay: On or before the **BILL DATES** (see fee schedule), late enrollment will be prorated. **(Please postmark all payments 3 business days before the due date so your payment will reach us in a timely manner.)**

Where to Pay: Send Checks or money orders to **PO Box 6237, Bryan, Texas 77802-6237**
DO NOT GIVE PAYMENTS TO INSTRUCTORS.

Note: Payments do not vary due to holidays or the number of weeks per month. MASQCMS guarantees 14 classes/lessons during the August-December Fall Session. Any additional classes or lessons may require a fee.

Withdrawal and Refunds: Withdrawal must be done in person and will not be accepted over the phone. Withdrawal must occur within the first 7 days of a lesson month and/or class session to receive a refund. No refunds will be given after the first week of any private lesson month or after the first class of any 7 week session (whichever applies). All other requests for refunds after these deadlines must be brought to the school administration in writing and will be addressed on a case by case situation.

To withdraw from classes or lessons a parent or adult student must:

1. Inform school administration in person, and
2. Complete and sign a withdrawal form provided by the school.

MASQCMS reserves the right to terminate lessons to any students without notice. In such a case a refund for unused lessons will be given.

Extreme Weather or Unexpected Interruption of Classes: MASQCMS will follow BISD/CSISD school closings due to weather. If the school must cancel lessons due to extreme weather or events beyond our control such as power outages, the missed lessons will be added on to the end of the teaching year. No refunds for lessons missed due to these reasons will be given. A student may make up class by attending another class, but a makeup is not required. No refunds for lessons missed due to these reasons will be given.

Substitutions: The school reserves the right to provide a substitute teacher if the regularly scheduled teacher is ill or otherwise unable to teach classes.

Missed Lessons and Make-up Lessons: Make-ups will be at the discretion of your instructor but **24 hour notice is required**. No refunds are given for missed lessons.

Attendance/Lateness/Behavior: The school reserves the right to have students who come late to class, sit out the class. Repeated lateness may result in termination of lessons. A minimum attendance level will be required. If a student misses more than 3 classes without advanced notification or written notices, the school reserves the right to terminate lessons. Students missing more than 3 classes after January will not be allowed to participate in the year-end recitals or workshops. The school reserves the right to terminate lessons due to behavior issues.

Parent's Responsibility to be Aware of Dates and Events: It is the responsibility of the parent or adult student to be aware of all school activities, such as recitals, extra practices; due dates and dates the school is open or closed. The school will post all such notices on the MASQCMS notice board as well as sending notices home with the students and emails sent. It is the parent's responsibility to regularly check these boards or ask the front desk to ensure they are informed. It is the responsibility of the parents or adult students to inform the school of any address, telephone number change or email change.

Care of Students: The school is not responsible for providing before or after class care for students. Students are not to be left at the school for excessive time before or after class.

Injuries: Parents, legal guardians of minor students and adult students waive the right to any legal action for any injury sustained on school property resulting from activity conducted by the students before, during or after class time.

Release of Liability

As the legal parent or guardian, I release and hold harmless Marian Anderson String Quartet Community Music School and Chamber Music Institute its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Marian Anderson String Quartet Community Music School and Chamber Music Institute its owners and operators or in route to or from any of said premises.

- I've read the above and agree.

Medical Emergency

The undersigned gives permission to Marian Anderson String Quartet Community Music School and Chamber Music Institute, its owners and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health. I request that our doctor/physician be called and that my child be transported to the nearest hospital by any owners and operators of MASQCMS, my next of kin, family friends, or medical professionals if Marian Anderson String Quartet Community Music School and Chamber Music Institute deems necessary.

- I've read the above and agree.

Picture Release

The undersigned gives permission to Marian Anderson String Quartet Community Music School and Chamber Music Institute to use any portraits or video that may include your minor student for promotional purposes.

- I've read the above and agree

Payment Information

There is a \$20.00 NSF fee for any returned transactions that will be applied to your account and billed on the next cycle.

- I've read the above and agree.

Communication

The primary means of communication throughout the selection process will be **E-mail**. Thus, it is important that all applicants check for the E-mail from masqmusic@yahoo.com ([Marian Anderson String Quartet](#)) regularly.

Terms of Participation

I understand that the information in this application is true to the best of my knowledge. I also understand that The Marian Anderson String Quartet Community Music School reserves the right to discharge students who have submitted false or misleading information in the application process. I agree to abide by MASQCMS regulations. I agree not to bring any alcoholic beverages or firearms onto MASQCMS premises or to possess or engage in the illegal use of drugs while a student of the MASQCMS. Students are expected (in their academic conduct) to comport themselves with basic standards of honesty and character. Plagiarism, cheating, and dishonesty in MASQCMS related matters are prohibited and can result in a student's dismissal from the MASQCMS without refunding any part of the fees paid.

The applicant consents to the creation and distribution of any recording, broadcast, or electronic transmission of any kind, without compensation, made by the MASQCMS or any MASQCMS approved entities while he/she is a student at the MASQCMS. The applicant similarly consents to the use of his/her likeness in photographs, video, or any visual media created and distributed by the MASQCMS or MASQCMS approved entities. **I understand tuition deposits are due on or before the scheduled due dates (Private Lessons: 8/25, 10/1, 11/1, 12/1, 2010) and (Group Classes August 25 and October 11, 2010).**

Applicant's Signature _____ Date _____

(Under 18) Parent's (Legal Guardian) Signature _____

Please mail or Electronic Mail all materials to:

Marian Anderson String Quartet Community Music School

PO BOX 6237, Bryan, Texas 77802-6237

For more information call: 979-246-2162

Email: masqmusic@yahoo.com

Visit: www.marianandersonstringquartet.com