



# Carey Institute of Fine Arts

## 2010-11 Registration/Application Form

Name \_\_\_\_\_  Male  Female Age \_\_\_ Grade \_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Name (if student is under 18) \_\_\_\_\_  
 (This person will be responsible for all financial matters.)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

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

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

**PRIVATE LESSONS**  Fall '10  Winter '10-'11  Spring '11  Summer I '11  Summer II '11

Instrument/Voice	Years of Study	*Instructor	Day	Time	Length	Fee
This day / time ___ has ___ has not been confirmed by the teacher.						
This day / time ___ has ___ has not been confirmed by the teacher.						

*\*If you have no instructor preference, please write "needed" in the instructor field. Once this form has been reviewed, you will be contacted by an administrator to set up a placement audition/interview. Wherever possible, we will try to honor your teacher preference.*

**Teacher Request** (in order of preference)

1 \_\_\_\_\_ 3 \_\_\_\_\_  
 2 \_\_\_\_\_ 4 \_\_\_\_\_

**GROUP CLASSES**<sup>†</sup>  Fall '10  Winter '10-'11  Spring '11  Summer I '11  Summer II '11

<sup>†</sup>CIFA reserves the right to cancel any class which does not meet adequate enrollment.

Name of Class	Instructor	Day	Time	Room	Fee

**PAYMENT CALCULATION** (Make checks payable to WCU/CIFA)

Annual Registration Fee	\$30.00
Private Instruction	
Group Instruction	
CIFA Scholarship Fund Donation (optional)	
<b>TOTAL AMOUNT DUE</b>	

<b>OFFICE USE ONLY</b>	Date Rec'd ___/___/___
Payment Option: ___#1 ___#2	
Payment 1 with Registration Fee:	
Date Rec'd: ___/___/___	
Amount: \$ _____	Check No. _____
Payment 2:	
Date Rec'd: ___/___/___	
Amount: \$ _____	Check No. _____

## Waiver and Policy Statement

\_\_\_\_\_ has my permission to participate in lessons and/or classes through the Carey Institute of Fine Arts at the Winters School of Music on the campus of William Carey University. I understand there are risks, and that I/my child participate in this program at my/his own risk and that William Carey University will not be responsible for any personal injuries, property damage, or related expenses, including but not limited to medical expenses, incurred as a result of my or my child's participation in this class.

I understand and accept the policies of the Carey Institute of Fine Arts as stated in the accompanying pages and accept responsibility for charges and fees incurred.

I will allow the Carey Institute of Fine Arts to use photographs, video, and recordings made at WCU or at Institute functions, involving the student hereby enrolled.

Student's signature or parent/guardian signature if student is under 18

Name (printed) \_\_\_\_\_

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

Please return this completed registration form to:

Sue Price, Administrator  
William Carey University – Carey Institute of Fine Arts  
498 Tuscan Avenue, Box 14  
Hattiesburg, MS 39401

E-mail: [sueboydprice@gmail.com](mailto:sueboydprice@gmail.com)

Phone: (601) 268-9620 or 601-329-3537

Fax: (601) 318-6176