



Carey Institute of Fine Arts

2011-12 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 '11 Winter '11-'12 Spring '12 Summer I '12 Summer II '12

| 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[†] Fall '11 Winter '11-'12 Spring '12 Summer I '12 Summer II '12

[†]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) | |
| | |
| TOTAL AMOUNT DUE | |

| | |
|----------------------------------|------------------------|
| OFFICE USE ONLY | 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:

Josh Willis, Administrator
Carey Institute of Fine Arts
WCU #14
498 Tuscan Avenue
Hattiesburg, MS 39401

E-mail: CIFA@wmcarey.edu

Phone: (601) 318-6175

Fax: (601) 318-6176