# **Brockport College-Community Music Institute**

Drop off at 105 Tower I Iller / 105 Tower Fine Arts / 350 Campus Dr / Brockport, N				
Male 🗆 Fe	emale 🗆			
Are you, or a family member, currently enrolled? Yes $\Box$ No $\Box$				
City/Zip				
se complete the following: (check preferred contact)				
email				
(C) (W)				
email				
(C)(W)				
f different from above)				
Check if you are new to BCC	IMI 🗆			
Lesson Length: 30 min $\Box$ 45min $\Box$ 60n	nin 🗆			
Classical 🗌 Ja	izz 🗆			
name- for EC also include dates) Session	1 🗆			
Session	2 🗆			
Session	3 🗆			
Fall Add on $\Box$ Spring Add	on 🗆			
	ler / 105 Tower Fine Arts / 350 Campus Dr / Brockport, N   Male □ Fe   Are you, or a family member, currently enrolled? Yes   City/Zip   City/Zip   email			

## AUTHORIZATION

By signing below, I certify that I have read and agree to the terms and conditions of the BCCMI Payment Agreement and Media Release (see next page).

Signature (Parent/Guardian OR student over the age of 18) De

Date

#### **Payment Agreement**

I commit to pay for the lessons/classes/ensembles registered for on this form. I understand that payment must be made to "The Research Foundation" by check, on or before the due date noted on my bill. I understand that BCCMI will bill me via email, and I will not receive a paper bill unless I have specifically requested one. I understand that if payment is not received by the due date, BCCMI will add a 1% late payment charge on the remaining balance, each month that it is overdue.

I also understand that I am responsible for notifying BCCMI if my billing information changes at any time. I realize that BCCMI may prevent me from registering for future semesters if my account is not kept in good standing.

Initial \_\_\_\_\_

#### Media Release

\*In the event that you object to having yourself or your child recorded or photographed for the use of BCCMI, please speak with the director, and advise the teacher prior to the beginning of a class period where recordings or photographs are being collected.

I hereby consent (for myself and/or the minor student listed on this registration form) to be recorded (audio and/or visual) and photographed for the Brockport College-Community Music Institute. These recordings and/or photographs may be used, without compensation to me, by the Brockport College-Community Music Institute for publications (including websites and social media), advertising and publicity purposes. I understand that the Brockport College-Community Music Institute reserves the right to select photos and recordings representative of the program without my inspection or approval of either the original material or the final publication.

Initial

### **Important Notices:**

*Withdrawing:* BCCMI director must be informed, in writing, of your intent to withdraw from any activity Please note- informing your teacher of your intent to withdraw, or simply not attending the activity are not considered a withdrawal, and you will continue to be charged for the activity.

*Refund Policy:* Withdrawing up to 48 hours in advance of the first session will result in a full refund. Only partial refunds are given after that point. Please see out website for full details including missed lessons.

Absence Policy: Student will be billed for all scheduled classes and lessons, whether the student attends or not. If the student is unable to attend, they must notify the BCCMI director and their teacher. Please see the website for more information regarding emergencies, weather or teacher related cancellations.

*Suspension:* BCCMI maintains the right to suspend a student for the following reasons: 1) Overdue payments, unless an arrangement has been made with the director. 2) Discipline issues or disrespectful treatment of the teacher by either student or parent. 3) Extreme absences or unpredictable attendance.

#### How did you hear about BCCMI?

□Website □F	acebook 🛛 🗆 Flyer ir	n local business	□Teacher	$\Box$ Print Ad	
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