

PEABODY PREPARATORY REGISTRATION/APPLICATION FORM

FALL 2009 SPRING 2010

POSTMARK REGISTRATION DEADLINE: JULY 30, 2009

Student Information:

I am a new student to the Preparatory I am a continuing student

Student Name _____ Male Female

Ethnicity (optional) _____ Birth Date ____/____/____(required)

Billing Information: (Parent or Guardian if student is under 18)

Mr. Mrs. Ms. Miss Dr. Prof. Name _____

SS# _____ E-Mail _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Preferred Method of contact: Home Phone Cell Phone Work Phone Email

PLEASE CHECK ONE:

- PP.800.100.01** Course Name: Towson Training Choir Fall: \$290.00 / Spring: \$290.00
- PP.800.100.02** Course Name: Howard County Training Choir Fall: \$290.00 / Spring: \$290.00
- PP.800.200.01** Course Name: Towson Choristers Fall: \$345.00/ Spring: \$345.00
- PP.800.200.02** Course Name: Howard County Choristers Fall: \$345.00 / Spring: \$345.00
- PP.800.300.01** Course Name: Towson Chamber Singers Fall: \$370.00 / Spring: \$370.00
- PP.800.300.02** Course Name: Howard County Chamber Singers Fall: \$370.00/ Spring: \$370.00

Total Group Class Fall Semester Tuition: \$ _____

(Carry this total to the payment calculation on the next page)

*** CONTINUING STUDENT WILL BE NOTIFIED BY EMAIL TO REGISTER FOR THE SPRING 2010 SEMESTER ***

PAYMENT CALCULATION:

Application/Registration Fee (Non-refundable, 2009-2010 academic year)+ \$ \$50.00*
Semester Tuition Charge (Total from the bottom of the previous page) + \$ _____
Preparatory Scholarship Fund Donation (optional, Thank You) + \$ _____
Less Scholarship, Tuition Remission or Cross Registration (if applicable) - \$ (_____
Total Payment Due.....= \$ _____

PAYMENTS:

Credit Card Payment: Select one: ___Visa ___MasterCard _Discover _ American Express

Cardholder's Name _____

Billing Address for Card _____

Card Number _____ - _____ - _____

Expiration Date _____/_____/_____ Amount Authorized \$ _____

Signature _____

Check - Payable to the Peabody Institute:

Check Number _____ Amount \$ _____

Tuition Management Systems:

Contract Number _____ Amount \$ _____

Please send completed registration to:

Peabody Preparatory (410) 659-8100, ext. 1130
21 E. Mount Vernon Place fax: (410) 659-8281
Baltimore, MD 21202-2308

Please check if applicable:

- _____ I am eligible for Johns Hopkins Tuition Remission and I have enclosed my voucher(s)
- _____ I am a JHU student eligible for Cross Registration and I have enclosed my certificate

I have enrolled in an elective class/lesson sponsored by the Peabody Preparatory of the Johns Hopkins University at Peabody locations or Peabody sponsored activities to be held during the 2009-2010 academic year. I understand that my participation may require extensive and rigorous physical exertion and activity, and that there are a wide variety of risks that could result in serious injury or death. I represent that I am covered throughout the program by a policy of comprehensive health and accident insurance, which provides coverage for illnesses or injuries I may sustain as a result of my participation in this class/lesson. I agree to assume all risks associated with my participation in this class/lesson, and I hereby release the Peabody Institute and The Johns Hopkins University and their representatives, agents, faculty and employees from any responsibility and liability for my injuries, illness, medical bills, charges or other expenses I may incur through participation in this program.

I also agree to release and hold harmless the Peabody Institute, The Johns Hopkins University and their representatives, agents, faculty and employees from any and all liability and damages or losses I may suffer to my person or my property or both, which arise out of or occur during my participation in this program, except if the danger or losses are caused by the gross negligence or willful misconduct of the agents or employees of the Peabody Institute.

I agree that this Waiver and Release is to be construed in accordance with the law of the State of Maryland, and that if any portion of this agreement is held invalid, the remainder of the agreement shall continue in full force and effect. I acknowledge that I have read this entire document and that in exchange for the University's agreement to my participation in the program, I agree to its terms.

Your signature indicates your agreement to the waiver listed above and all of our policies and procedures as outlined in our catalogs and on our website. Your registration cannot be processed without a signature.

Student Signature (Guardian if student is under 18) _____ Date: _____

Office Use Only:

Date Received _____/_____/_____ Payment Received \$ _____ Payment Type _____ Processed By _____