

FALL 2009–SPRING 2010 REGISTRATION FORM

Student Information

I am a *new* student to the Preparatory I am a continuing student Male Female

Student Name _____

Birth Date ____/____/____ (required for ISIS ID) Ethnicity (*optional*) _____

Billing Information (Parent or Guardian if student is under 18) Mr. Mrs. Ms. Miss Dr. Prof.

Name _____ SS# _____

Address _____

City _____ State _____ Zip _____

Phone (Please circle preferred method of contacting you)

Home _____ Work _____

Cell _____ Email _____

Emergency Contact (Please circle preferred contact method)

Name _____ Relationship _____

Daytime Phone _____ Email _____

Individual Instruction (Independent Study)

If you are new to an instrument please write "needed" in the teacher field. Leave the day and time fields blank. Once we receive your form with full payment, we will contact you to arrange placement with a teacher.

Instrument One _____ Course Code _____ Teacher _____

Lesson Length: (*Circle One*) 30 minutes (\$704) 45 minutes (\$1056) 60 minutes (\$1408)

Day: _____ Time _____ Campus _____

Instrument Two _____ Course Code _____ Teacher _____

Lesson Length: (*Circle One*) 30 minutes (\$704) 45 minutes (\$1056) 60 minutes (\$1408)

Day: _____ Time _____ Campus _____

Group Classes

New dance students must contact the Dance Department for placement prior to registering: 410-659-8100.

Course # _____ Name _____ \$ _____

Course # _____ Name _____ \$ _____

Course # _____ Name _____ \$ _____

Total Individual Instruction Tuition \$ _____

Total Group Class Tuition \$ _____

Carry this total to the payment calculation on the back page:

Total Tuition Due \$ _____

Payment Calculation

Registration Fee: (Non-refundable 2009-2010 academic year) \$ 50.00*

* this fee is waived for students registering for a one-day workshop only

Semester Tuition Charge (total from the bottom of the previous page)+\$ _____

Preparatory Scholarship Fund Donation (optional, Thank You)+\$ _____

Tuition Remission (enclose voucher)-\$ (_____)

Dependent Group Classes (50%) Dependent Independent Study (25%) Employee Group Classes (80%) Employee Independent Study (25%)

Scholarship-\$ (_____)

Total Payment Due=\$ _____



Credit Card: Visa MasterCard Discover American Express

Cardholder's Name (as on card) _____

Billing Address for Card _____

Card Number _____ Exp. Date _____ / _____

Signature _____ Amount Auth. \$ _____

Check (Payable to the Peabody Institute) Number _____ Amount \$ _____

TMS Monthly Payment Plan Contract Number _____

Total Payment Enclosed (Credit Card, Check, Tuition Remission and /or Scholarship) \$ _____

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 Rec'd. _____ / _____ / _____ Payment Rec'd. \$ _____ CK # _____

Processed: _____ By _____

Contact: _____ / _____ / _____ Result _____