

2417 East Brenda Street West Covina, CA 91792

Email: musicschool@juniorrockers.org

Cell: (626) 221 - 4043

APPLICATION FOR ENROLLMENT

	Date:				
Applicant Information					
First: Middle Initia	al: Last:				
Date of Birth (mm/dd/year):	Male 🗆 Female				
Address:	Apt #:				
City: Sta	ate: Zip Code:				
What musical instrument(s) is the applicant interester (Please refer to page 4, Private Music Instructors List					
(Please fill parent/guardian section if applicant is younger than 18 years)					
Parent/Legal Guardians	Parent/Legal Guardians				
Name:	Name: Relationship: Cell Phone: Email: Employer: Work Phone:				
Emergency Contacts	Emergency Contacts				
Name: Relationship: Cell Phone: Email:	Name: Relationship: Cell Phone: Email:				

In the event that injury or illness needs important contacted, I hereby authorize Junior Rocket HOSPITAL OR URGENT CARE CENTER, which charges incurred for myself/my child.	ers Music Center to arrange tra	ansportation to the NEAREST
Parent/Guardian's Signature:		Date:
Applicant's Signature: (If applicant is 18 years or older)		Date:
Please list any medical and/or health prob		
Will the applicant require any medication of	during lessons? 🗆 Yes 🗖 N	No
Has the applicant ever received Special Ed	ucation Services? Yes	No
	Racial Ethnic Codes	
 American Indian or Alaska Native Asi Hispanic or Latino Native Hawaiian or 		
•		····
Birthplace: 🗖 USA City:		
		State:
Birthplace: USA City: Birthplace: Other Country:	? • Yes • No	State:
Birthplace: □ USA City: Birthplace: □ Other Country: If other, year of entry to USA: Is the applicant's primary language English	? □ Yes □ No uage?	State:
Birthplace: □ USA City: Birthplace: □ Other Country: If other, year of entry to USA: Is the applicant's primary language English If NO, what is the applicant's primary langu	P? □ Yes □ No uage? □ Yes □ No	State:
Birthplace: □ USA City: Birthplace: □ Other Country: If other, year of entry to USA: Is the applicant's primary language English If NO, what is the applicant's primary langu Is the primary language at home English?	 ? Yes No Wage? No Yes No Ne Ne<th>State: oplication or any document litted into Junior Rockers Music dmission, the student may face</th>	State: oplication or any document litted into Junior Rockers Music dmission, the student may face

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Student Website/Media Authorization

We/I _____, as the parent(s) or legal guardian(s) of (Print parent/guardian name)

_____ hereby authorize and permit the public and (Print student name)

Private use, broadcast, publication, reproduction, release, exhibition and distribution of student work, likeness of photograph(s), image(s), video, or audio recording(s). When publication is on the internet, identification will be first name only. We/I authorize such disclosure for purposes of providing information regarding the Junior Rockers Music Center programs or activities.

Signature Parent/Guardian

Signature Student

Print Parent/Guardian Name

Date

Print Student Name

Date

Private Music Instructors List

This is our current list of Private Music Instructors (PMIs). Registered under their names are their instruments or categories of specialization. Please indicate your selection(s). PAYMENT IS PER INSTRUMENT OR CATEGORY SELECTED.

Abigai <i>Violin</i>	l Shelton	 Kia Knoester Vocals
		Songwriting
🗋 Adi be	en Yehudah	
Saxop	hone	🔲 Kaitlynn Merritt
		🔲 Deejaying
🗌 Ari Gia	ancaterino	Audio Production
Bass G	Guitar	Sound Engineering
Jared	Storz	Emilio Corrales
Cello		Conducting
		🗌 Marimba
🗍 Yu Ha	n	
	ano	🗌 Michael Enriquez
	gital Keyboard/Synth	Drums
losue	Mancia	Matthew Brown
	umpet	Acoustic Guitar
	ombone	Electric Guitar
	iba	\Box Ukulele
	ench Horn	
🗌 Tal Val	knine	
Harp		

Payment Arrangement

Our classroom fees for either viral or studio classes are \$45 per hour per instrument or category. Home visits are \$65 per hour per instrument or category. You must make a payment arrangement with us before the beginning of the week/month that you want your child to start participating in the Center's activities. *We recommend that he or she participates in four two-hour lessons per month.* The minimum is one two-hour lesson per month. Should you need to make changes to this arrangement, please submit another Payment Arrangement form.

			Comments/Instructions
Payment Summary:			
hours X \$	= Total Pa	y per Month	
Payment by: 🗖 Cash	Check	Zelle Transa	ction (Preferred Method)
Signature:			Date:

ATTENTION: Please return completed Application to <u>musicschool@juniorrockers.org</u> or by snail mail to Junior Rockers Music Center, 2417 East Brenda Street, West Covina, CA 91792. Thank you!