

ROWAN PREP REGISTRATION FORM
Fall 2017 ▪ Spring 2018 ▪ Summer 2018

Student Information

First Name: _____ Last Name: _____ Date of Birth: _____

Account Holder/Billing Information (Parent or Guardian if student is under 18)

First Name: _____ Last Name: _____

Street Address: _____

City/Town: _____ State: _____ Zip code: _____

Contact Information (Please circle preferred method(s) of contact)

Home Phone: _____ Cell Phone: _____

Additional Phone: _____ E-mail: _____

Student Photo Release: Parent please mark your initials next to the publicity options you choose:

_____ Yes. Rowan Prep is allowed to use photos of my child for the Rowan Prep website, Facebook, and publicity materials.

_____ No. Please do not use photos of my child.

CHOOSE SEMESTER

Fall 2017

Spring 2018

Summer 2018

PRIVATE LESSONS

Instrument: _____ Teacher (if requesting specific): _____

Length of Lesson: 30 minutes 45 minutes 1 hour

Day of lesson: _____ Time of lesson: _____

Date of first lesson: _____ Total number of lessons (per semester): _____

SUZUKI GROUP CLASSES

If registering for Suzuki Group Classes, please fill out this information as well as the Private Lesson information.

Teacher/Level: _____

Day of group class: _____ Time of group class: _____

Total number of group classes (per semester): _____

CLASSES & EVENTS

Name of Class/Event: _____

Day of class: _____ Time of class: _____ Number of classes: _____

ENSEMBLES

Name of Ensemble: _____

Instrument: _____

PAYMENT INFORMATION
Fall 2017 ▪ Spring 2018 ▪ Summer 2018

Private Lesson Tuition: \$ _____

Suzuki Class Tuition: \$ _____

Class/Event/Ensemble Tuition: \$ _____

Credit/Scholarship: -\$ _____

Registration Fee: \$ _____

Total Tuition Due: \$ _____

Total Being Paid Now: \$ _____

- **At least five (5) lessons must be paid at or before your first Private Lesson.**
- **Full Private Lesson Tuition is due on December 1, May 1, & August 1.**
- **Class, Event & Ensemble Tuition is due in full at registration.**

Balance Owed by Tuition Deadline: \$ _____

PAYMENT BY CHECK OR MONEY ORDER (payable to Rowan University)

Check #: _____ Check Date: _____ Check Amount: \$ _____

PAYMENT BY CREDIT CARD (if possible please call the Rowan Prep office to make credit card payment)

Please choose card type: Visa Master Card Discover

Cardholder's Name (as it appears on card): _____

Billing Address for Card (if different than Account Holder/Billing Information):

Street Address: _____

City/Town: _____ State: _____ Zip Code: _____

Card Number: _____ Expiration Date: _____

Cardholder Signature: _____

Amount Authorized for Payment: \$ _____ Date: _____

I have read & understand the tuition payment & refund policies, and will abide by the procedures as stated. (www.academics.rowan.edu/cpa/rowanprep/)

I have enrolled in an elective class/lesson sponsored by Rowan Prep at Rowan University to be held during the 2017-2018 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 Rowan Prep and Rowan 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 Rowan Prep, Rowan 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 Rowan Prep. I agree that this Waiver and Release is to be construed in accordance with the law of the State of New Jersey, 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 catalog/website. Your registration cannot be processed without a signature.

Signature: _____

Date: _____