



For Office Use Only

Date Received : _____

First Semester Payment: _____

Second Semester Payment: _____

Class Day/Time:

Piano Preparatory Program

Application 2008-2009

Student Name _____

Street Address _____

City, State, Zip _____

Parent/Guardian Name _____

Home Phone/Cell or Business _____ / _____

Email Address _____

School Name and Grade _____

Years of Piano Instruction _____

Piano Teachers Name and Phone Number _____

UM Faculty or Staff? _____ Department _____

Activities your child participates in _____

Group Piano Lesson Days/Times: (60min/once a week) Mon/Tue/Wed/Thu 4:30 or 5:30p.m.

Music Theory: Classes meet on Saturday's.* (60min) 9:30, 10:30, 12:30, 1:30, 3:00

Ensemble/Sight-reading: Saturday at 11:30a.m.

Mark which courses you are interested in: (Prices listed are for the full academic year)

Group Piano and Theory Level 1 _____ \$1300.00

Group Piano and Theory Level 2 _____ \$1300.00

Group Piano: Visually Impaired _____ \$1300.00

Adult Group Level 1 _____ \$800.00

Adult Group Level 2 _____ \$800.00

Music Theory _____ \$600.00

Ensemble/Sight-reading _____ \$300.00

Jazz Group Piano _____ \$300.00

List preferred Group Piano Day/Time and Teacher (if applicable)

1. _____ 2. _____

Payment Method

Applications must include the first payment as indicated on the Tuition Sheet. Payment can be made by enclosing a check made out to the **University of Miami** or you may pay with a credit card.

Please mark one:

____ Check enclosed **Total Amount** _____ **Check Number** _____
____ Credit Card **Total Amount** _____

Please indicate type of credit card: _____ **MasterCard** _____ **Visa**

Card Number : _____ **Expiration Date:** _____

Signature: _____

Credit Card Option

If you would like the Piano Preparatory Program to use the credit card information you have provided above for payment of second semester classes please sign below. You will receive notice in December of your outstanding balance.

I give permission for the Piano Preparatory Program to charge my credit card on January 15th, 2009.

Signature: _____

Date: _____

Total Amount: _____

I agree to pay the full Piano Preparatory Program tuition and fees for the 2008-2009 year when due, as stated in the tuition and fees section of the Piano Preparatory Program Handbook. I am aware of the rules regarding billing and payment, and understand I am responsible for any late fees resulting from payments made after the due date. I acknowledge that if my account is not kept current, then my child will be dismissed from the program.
Name of Parent _____ Signature _____
Name of Student _____ Date _____

Class Assignments will not be confirmed until a completed application form and first semester tuition payment has been received. Tuition and Application are due by August 22nd

Please return application forms to: **Attention: Dr. Megan Walsh, Piano Preparatory Program**
P.O. Box 248165, Coral Gables, FL 33146-7610 or fax to 305-284-2290.

University of Miami
Frost School of Music
Piano Preparatory Program
Dr. Megan Walsh, Director
786-853-4041
keyboardforkids@miami.edu
www.umpianoprep.org