



**Registration Form
2011 -2012**

Name _____ Birthday ____/____/____

Phone _____ *(Parent or Family phone preferred)*

Parents / Guardians _____

Mailing Address: Street _____

City _____ Zip _____

Parent Email _____

Student Email _____

Instrument _____ Years Played _____

School Name _____ Grade _____

Private Teacher (if applicable) _____

Emergency contacts:

Name _____ Phone _____

Payment:

- I am paying in full in September. My payment is \$300 per student.
- I am paying in three installments, one at the beginning of each session.
Each payment is \$110 (\$100 for each additional sibling)
- I am applying for financial aid.
- I would like to make a \$ _____ charitable contribution toward the NSYS scholarship fund.

Permission:

- I give my permission for my child to be photographed for promotional purposes and for use on the NSYS website. *(Names will not be used with photographs.)*
- I do not want my child's photograph published.

Parent Signature

Checks should be made out to NSYS
Registration forms/tuition can be turned in at rehearsals or mailed to:
NSYS
P.O. Box 4197
Bellingham, WA 98227