

# Music Opportunity Program Birmingham Prelude Strings Registration Form 2020-21

**Please Print**

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Instrument \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Mother's Full Name \_\_\_\_\_ Work phone \_\_\_\_\_  
 Mother's Place of Employment \_\_\_\_\_ Occupation/Position \_\_\_\_\_  
 Mother's e-mail address: \_\_\_\_\_ Mother's cell phone \_\_\_\_\_  
 Father's Full Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Father's Place of Employment \_\_\_\_\_ Occupation/Position \_\_\_\_\_  
 Father's e-mail address: \_\_\_\_\_ Father's cell phone \_\_\_\_\_  
 School (20-21) \_\_\_\_\_ Grade (20-21) \_\_\_\_\_  
 Private String teacher, if any \_\_\_\_\_

Non-Refundable ORCHESTRA FEES:	Per School Year	or	Per Semester
Tuition (if paid in full)	\$350	or	\$200 due Aug 19 & Jan 6
Instrument Rental (if applicable)	\$180	or	\$100 due Aug 19 & Jan 6
<b>Orchestra Tuition (Choose year or semester)</b>			\$ _____
<b>Music Library Fee (required)</b>			\$ <u>20.00</u>
<b>Uniform (new members or if needed - \$25)</b>			\$ _____
<b>Instrument rental (if applicable)</b>			\$ _____
<b>Registration Fee (required)</b>			\$ <u>35.00</u>
<b>TOTAL FEES ENCLOSED</b>			\$ _____

Billing Information (if different from above):

Responsible party: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ Email: \_\_\_\_\_

- To apply for need-based financial aid, return this form with \$35 registration fee by July 1. The financial aid application will be e-mailed to you.

**Important! Registration is not complete without signature of responsible party.**

I assume full responsibility for payment of this Music Opportunity Program account, and if default be made, or any part thereof, then, at the option of the Music Opportunity Program or its agent, the full amount owed shall at once become due and collectable, without notice. If in the judgment of the Music Opportunity Program it becomes necessary to engage the services of a collection agency or attorney to effect collection or to settle any dispute in connection with this account, the undersigned agrees to pay such collection agency or attorney fees, reasonable expenses, and costs as hereby incurred.

\_\_\_\_\_  
 Signature of parent/guardian/responsible party Date

Personal information provided to MOP (above) WILL NOT be shared with any other institution at any time.

Are you a parent who can volunteer time and/or services to MOP? If so, please list skills, abilities, or community connections. \_\_\_\_\_

Throughout the year, we will be taking photographs/videos of our MOP students. May we have your permission to use photos/videos of your child for publicity? The children will NOT be identified by name. Thank you!

\_\_\_ Yes, you may use photos of my child, without identification. \_\_\_\_\_ No, you may not use photos of my child.  
Parent Signature

**Return completed form with check payable to: MOP  
 PO Box 13553 Birmingham, AL 35202**