Music Opportunity Program String Academy Registration Form 2022-23 Jefferson Christian Academy

Street Address City State Zip Mother's Full Name Mother's Place of Employment Mother's e-mail address: Father's Full Name Father's Place of Employment	Age Instrument p Home Phone Work phone Occupation/Position Mother's cell phone Work Phone
Mother's Full Name	Work phone Occupation/Position Mother's cell phone
Mother's Full Name	Work phone Occupation/Position Mother's cell phone
Mother's e-mail address:	Mother's cell phone
Mother's e-mail address:	Mother's cell phone
Mother's e-mail address:	Mother's cell phone
Father's Full NameFather's Place of EmploymentFather's e-mail address:	Work Phone
Father's Place of Employment	
Father's e-mail address:	Occupation/Position
autor 5 c muni uddi cos.	Father's cell phone
	Grade (2022-23)
Will you need financial aid? If yes, mail this form with \$35 registration fee ASAP. Fir	nancial aid application will be mailed to you
1 yes, man tins form with \$55 registration fee 7 to 11. The	maneral and application will be maned to you.
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Non-Refundable Semester Fees:	
Semester Tuition	\$250
Registration Fee	\$35
Instrument Rental Fee	\$100
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TOTAL FEES	ENCLOSED \$385
Important! Designation is not complete with and	
important: Registration is not complete without	signature of responsible party.
	signature of responsible party.
Billing Information:	
Billing Information: Responsible party:	
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Billing Information: Responsible party: Billing Address: I assume full responsibility for payment of this Music Opportunity Progropportunity Program or its agent, the full amount owed shall at once begit becomes necessary to engage the services of a collection agency or attri	zip
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Billing Address: I assume full responsibility for payment of this Music Opportunity Progropportunity Program or its agent, the full amount owed shall at once becomes	Zip
Billing Information: Responsible party: Billing Address: Billing Address: Assume full responsibility for payment of this Music Opportunity Program or its agent, the full amount owed shall at once been to become necessary to engage the services of a collection agency or attendersigned agrees to pay such collection agency or attorney fees, reason Signature of parent/guardian/responsible party	Zip

Return completed form with check payable to: MOP, Phillips Academy, 2316 Seventh Ave N Birmingham, AL 35202