

MUSIC INSTITUTE OF LONG ISLAND

Office: 516-627-7052

www.MiliMusic.com

FALL 2024 - 2025 STUDENT INSTRUMENTAL INFORMATION FORM

(Please print)

Name of Student _____ Age _____ Date of Birth _____

Student Email _____ Student Cellular _____

FULL ADDRESS _____ City _____ Zip _____

Home Phone _____ School Attending _____ Grade _____

Father's Name _____ Occupation _____

Company Name/Address _____ Email Address _____

Business Phone _____ Cellular _____

Mother's Name _____ Occupation _____

Company Name/Address _____

Business Phone _____ Cellular/Pager _____

Email Address _____ How did you hear of us? Web Newspaper Friend Other

Caregiver's Name if accompanying child to classes: _____ Cell Number _____

INSTRUMENTAL STUDENTS Please Fill Out:

Instrument 1: _____ Instrument 2: _____ Instrument 3: _____

Name(s) of MILI Music Teacher(s) _____ Day(s) / Time(s) MILI Lessons: _____

Teacher 1 _____ Lesson 1 _____

Teacher 2 _____ Lesson 2 _____

Teacher 3 _____ Lesson 3 _____

MILI GROUP LEVEL _____ SUZUKI STUDENTS' Last Piece and Book _____

- **CHILDREN MUST BE ACCOMPANIED BY AN ADULT AT ALL TIMES**
- ALL GROUP CLASSES ARE SUBJECT TO ENROLLMENT
- NO GROUP CLASS MAKE-UPS PERMITTED
- **ONE PRIVATE LESSON MAKE-UP PER SEMESTER WITH 24-HOUR ADVANCE NOTICE**
- TEACHERS ARE RESPONSIBLE FOR RESCHEDULING ALL CLASSES THEY CANCEL
- ALL LESSONS MUST BE COMPLETED BY THE END OF EACH SEMESTER
- PARENTS ARE RESPONSIBLE FOR READING THE DEAR PARENT LETTER (FALL 2024)

PARENT / GUARDIAN MUST SIGN AND DATE:

I, the undersigned, am responsible for payment in full of tuition fees and all supplies for each semester. I will pay a **\$30 Late Fee** if tuition and all fees are not paid in full by **August 5th, 2024**. Further, I acknowledge that my child WILL NOT be admitted to class unless tuition and all fees are paid by his / her first-class day. I understand that the Registration Fee is **NOT REFUNDABLE** and that a 75 percent Tuition Refund will be given up to and including the second week of classes. I am responsible for a \$40 penalty fee if my check is returned. I further understand I am responsible for all fees paid by using a charge card. If a student or parent cancels the make-up lesson or does not come for that lesson, that lesson will not be re-scheduled. **I understand that the same teacher may not teach throughout the entire year and teacher changes may be necessary.**

Parent Signature _____ Date _____ Print Your Name _____

CIRCLE INSTRUMENT(S):

Violin** (3yrs.) Viola** (6yrs.) Cello (4 yrs.) Piano (4 yrs.) Jazz /Pop Piano (6 yrs.) Voice (6 yrs.) Flute (6 yrs.)
Oboe (8 yrs.) Clarinet (7 yrs.) Saxophone (7 yrs.)

PRIVATE LESSON 15 weeks (MONDAY) / 16 weeks (TUESDAY, WEDNESDAY, THURSDAY, SATURDAY)

PRIVATE LESSON only – 15 weeks (MONDAY)

___90 min/ ___75 min/ ___60 min/ ___45 min/\$ ___30 min/ _____

PRIVATE LESSON only – 16 weeks (TUESDAY, **WEDNESDAY, THURSDAY, FRIDAY, SATURDAY)

___90 min/ ___75 min/ ___60 min/ ___45 min/ ___30 min/ _____

****Director – Carol Kushner NO Lesson – Wednesday, October 2nd (15 weeks)**

SUZUKI 45 Minute GROUP Class: *Twinkle - Early Book 1 – Violin* (Thursday) – 16 weeks

(Private Lesson Required), Group Classes are available for *Piano, Cello, Flute, Brass & Winds* _____

SUZUKI 45 Minute Group Class (Tuesday) – 16 weeks

(Private Lesson Required) for *Mid-Book 1 to Book 3* ___Violin ___Cello _____

SUZUKI 45 Minute Group Class (Wednesday) – 15 weeks

(Private Lesson Required) for *Mid-Book 4 to Book 7* ___Violin ___Cello _____

ADVANCED STRING ENSEMBLE (with Director) – 16 weeks/45 min (by invitation only) _____

SIGHT READING NYSSMA PREPARATION VIOLIN/VIOLA/CELLO – 8 WEEKS (Every Other Week)

a) ___ Level 1 – 3 (45 min)

b) ___ Level 4 – 6 (45 min) _____

CHAMBER MUSIC – For Qualified Students – 16 Weeks/day & time to be announced.

___Dúo 30 min/ ___Dúo 45 min/ ___Dúo 60 min/

___Trio 45 min/ ___Trio 60 min/ ___Quartet 60 min/ _____

___MUSIC THEORY **45 Minute GROUP Class - 16 weeks** _____

****DIRECTOR’S FEE to study with Carol or Geri Kushner**

___20/30 min/ ___45/60 min/ **(Per Semester)** _____

ANNUAL REGISTRATION FEE Check One: ___ \$ One Child ___ \$ Two or More _____

SUBTOTAL _____

LESS \$ DEPOSIT/ per student Due 6/17 _____

****FINAL PAYMENT DUE:** by the first day of student’s lesson**

ADD LATE FEE \$ AFTER 8/5 _____

Payment methods: Check or Cash. Please make CHECKS payable to: **“MILI” or “Music Institute of Long Island”**

Send completed form (both sides) & payment to:

TOTAL _____

Music Institute of Long Island
P. O. Box 119,
Manhasset, NY 11030 - 0119