



The Diller-Quaile School of Music, Inc.
24 East 95th Street, New York, NY 10128

Telephone: 212-369-1484
www.diller-quaile.org

2010-2011 APPLICATION FORM

Complete one form per student. For additional forms, please photocopy or download from our website.

Student's Last Name _____ First _____ Gender [] M [] F

Date of Birth (18 years of age and younger) _____ Age as of Sept. 1, 2010 _____ Grade as of Sept. 2010 _____ Academic School _____

Student is [] RETURNING [] NEW [] 60 YEARS OF AGE OR OLDER (For Individual Instruction Discount)

(1) PRIMARY MAILING ADDRESS

(2) ALTERNATE MAILING ADDRESS

Street/Apt _____

Street/Apt _____

City, State & Zip _____

City, State & Zip _____

Home Phone Number (____) _____

Home Phone Number (____) _____

Primary Email Address _____

Alternate Email Address _____

How would you prefer to have your mail addressed? Mr./Mrs./Ms. _____

Send billing statements to home address (1) _____ or (2) _____

Send school mailings to home address (1) _____ or (2) _____

Parent/Guardian _____

Parent/Guardian _____

Employer _____

Employer _____

Employer's Address _____

Employer's Address _____

Job Title _____

Job Title _____

Work Phone Number (____) _____

Work Phone Number (____) _____

Cell Phone Number (____) _____

Cell Phone Number (____) _____

Primary address, phone numbers, and email addresses will be used for class lists & school communication purposes unless we are notified in writing to the contrary.

Is applicant a sibling or relative of current or former Diller-Quaile student? [] Yes, Name(s) _____ [] No

Would you like to receive information about need-based financial aid? [] Yes [] No

How did you hear about Diller-Quaile? _____

EARLY CHILDHOOD CLASSES

(4 months - 7 years of age)

\$60 application fee required

List Preferred Classes by Number:

Table with 3 columns: 1st Choice, 2nd Choice, 3rd Choice

Will you accept any age-appropriate class available?

[] Yes [] No

Primary language your child hears/speaks at home:

Is there anything you would like to share that would be helpful in making an appropriate class assignment for your child?

INSTRUMENT and VOICE STUDY

(Youth, Teens, and Adults)

\$60 application fee required

Primary Instrument _____

Secondary Instrument _____

Current Lesson Length _____

Preferred Lesson Length for 2010-2011 _____

Adults Only: [] Fall Semester [] Spring Semester [] Both

List the earliest start time and latest end time for each day:

Table with 6 columns: MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY, SATURDAY. Rows for From: and To: times.

All school-age students in the Instrumental and Vocal Department will be assigned a musicianship class based on age and level.

Academic School Dismissal Time: _____

If you have early or late dismissal, please note the day and time:

PLEASE NOTE INTEREST HERE: [] Playing Class [] Repertoire Class

[] Orchestra [] Chamber Music [] Vocal Ensemble/Chorus

[] Percussion Ensemble [] Class Instruction _____

ADULT CLASSES

No application fee required

String Orchestra Fall Spring Both

Instrument _____

Recorder Consort Fall Spring Both

Women's Vocal Group Fall Spring Both

Weekly Chamber Music Coaching Fall Spring Both

Weekend Chamber Workshops (5x per year)

Instrument _____; Workshop Dates _____

TEACHER TRAINING DEPARTMENT

\$60 application fee required

Dalcroze Eurhythmics, Solfege, Improvisation

Beginning-Intermediate Level

Fall Spring Both Semesters

Dalcroze Methodology: Principles and Practices

*Pedagogy and Observation of Children's Classes
with Practice Teaching*

Fall Spring Both Semesters

Piano Pedagogy

Elements of Music: An Approach to Pedagogy

Alexander Technique

I hereby make application for my admission/my child's admission to The Diller-Quaile School of Music. If applicable, I enclose a non-refundable, non-deductible application fee of \$60 (check or money orders only, please). I understand that incomplete applications or applications without the necessary fee of \$60 will not be processed. I have read the School's tuition and payment policy and agree to all its terms.

X _____

REQUIRED Signature of Adult Student, Parent, or Guardian

Date

The Diller-Quaile School of Music admits students of any race, color, national or ethnic origin, religion, gender, sexual orientation, or any other characteristic protected by law to all the rights, privileges, programs and activities generally accorded or made available to students at the School and the School does not discriminate on any such basis in the administration of its educational policies, admissions policies, scholarship program, and/or any other school program.

FOR SCHOOL USE ONLY: Received by _____ Date _____ Check # _____ Amount \$ _____

EC Class # _____ Lesson _____ Day _____ Time _____ Room _____

Class-Code _____ Day _____ Time _____ Core _____ Full _____

Class-Code _____ Day _____ Time _____ Length 30 45 60

Class-Code _____ Day _____ Time _____ Instrument _____

Class-Code _____ Day _____ Time _____

Billing Information

_____/30 Weeks Tuition rate \$ _____ Scholarship \$ _____ Total due \$ _____

Received by _____ Date _____ Check # _____ Tuition \$ _____

A) Registered in DQDB _____ Student billing _____ B) Scheduled in DQDB _____ Student billing _____

Date _____ by _____

Date _____ by _____