



2011-2012 APPLICATION FORM

Complete one (1) form per student. For additional forms, please photocopy or download from www.diller-quaile.org.

Male Female

Student's Last Name _____ First Name _____

Date of Birth (under 18 yrs.) ____/____/____ Age as of Sept. 1, 2011 _____ Grade as of Sept. 2011 _____ Academic School _____

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

PARENT/GUARDIAN #1 _____ Relationship to Student _____

Primary Address _____ City _____ ST _____ Zip _____

Home Phone _____ Cell Phone _____ Email Address _____

Employer _____ Job Title _____

Employer Address _____ Work Phone _____

PARENT/GUARDIAN #2 _____ Relationship to Student _____

Alternate Address (if different from above) _____ City _____ ST _____ Zip _____

Home Phone _____ Cell Phone _____ Email Address _____

Employer _____ Job Title _____

Employer Address _____ Work Phone _____

Send billing statements to: Primary Address OR Alternate Address

Send school mailings to: Primary Address OR Alternate Address

How would you prefer to have your mail addressed? _____

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

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

How did you hear about Diller-Quaile? _____

EARLY CHILDHOOD CLASSES

(4 months – 7 years of age)

\$60 application fee required

List Preferred Classes by Section Number:

1 st Choice	2 nd Choice	3 rd Choice
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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?

Comments/Special Requests:

INSTRUMENT AND VOICE STUDY

(Youth, Teens, and Adults)

\$60 application fee required

Instrument/Weekly Class _____

Secondary Instrument _____

Current Lesson Length _____

Preferred Lesson Length _____

Adults Only: Fall Semester Spring Semester Both

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

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
From: _____	From: _____	From: _____	From: _____	From: _____	From: _____
To: _____	To: _____	To: _____	To: _____	To: _____	To: _____

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 _____

Early or late dismissal day and time (if applicable) _____

PLEASE NOTE INTEREST HERE:

- Repertoire Class Orchestra Chamber Ensemble
 Chorus/Vocal Ensemble Percussion Ensemble

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 Date(s) _____

TEACHER TRAINING AND PROFESSIONAL DEVELOPMENT

\$60 application fee required

Dalcroze Eurhythmics, Solfège, Improvisation

Beginning-Intermediate Level

Fall Spring Both

Dalcroze Methodology: Principles and Practices

Pedagogy and Observation of Children's Classes with Practice Teaching

Fall Spring Both

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 required, I enclose a non-refundable, non-deductible application fee of \$60 (check or money orders only). I understand that incomplete applications or applications without the necessary fee of \$60 will not be processed. I have read and agree to 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:	App. Fee Received by _____	Date _____	Check # _____	Amount \$ _____
EC Class # _____	Lesson _____	Day _____	Time _____	Room _____
Class-Code _____	Day _____	Time _____	Core <input type="checkbox"/> Full <input type="checkbox"/> Ext <input type="checkbox"/>	Lesson <input type="checkbox"/> Class <input type="checkbox"/>
Class-Code _____	Day _____	Time _____	30 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/>	
Class-Code _____	Day _____	Time _____	P <input type="checkbox"/> S <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> G <input type="checkbox"/> PC <input type="checkbox"/>	
Class-Code _____	Day _____	Time _____	Ad +1 <input type="checkbox"/> Ad +2 <input type="checkbox"/>	

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 _____