

Email addresses will be used for class lists and school communication purposes unless we are notified in writing to the contrary.

The Diller-Quaile School of Music, Inc.
24 East 95th Street, New York, NY 10128
212-369-1484 www.diller-quaile.org



2018-2019 APPLICATION FORM

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

Applicant's Last Name _____ First Name _____ Gender _____

Date of Birth (under 18 yrs.) ____/____/____ Age as of Sept. 1, 2018 _____ Grade as of Sept. 2018 _____ Academic School _____

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

PARENT/GUARDIAN #1 _____ Relationship to Applicant _____

Primary Address _____ Apt. # _____ City _____ ST _____ Zip _____

Home Phone _____ Cell Phone _____ Email Address _____

Employer _____ Job Title _____

Employer Address _____ Work Phone _____

PARENT/GUARDIAN #2 _____ Relationship to Applicant _____

Alternate Address (if different from above) _____ Apt. # _____ 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 OR Other _____

Send school mailings to: Primary Address OR Alternate Address OR Other _____

Preferred salutation for class lists/school mailings (Mr. & Mrs., Mr., Ms., etc.): _____

Is applicant a sibling/relative of current/former student? No Yes, Student Name _____ Relationship _____

How did you hear about Diller-Quaile? _____

FINANCIAL AID: Would you like to apply for need-based financial aid? No Yes

EARLY CHILDHOOD GROUP CLASSES

(3 months – 5 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 & 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

ENSEMBLES & ELECTIVES REQUESTED:

Diller-Quaile Youth Opera

Repertoire Class Orchestra Chamber Ensemble

Chorus/Vocal Ensemble _____

All school-age students will be assigned a Musicianship Class based on grade and level.

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:

Academic School Dismissal Time _____

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

**ADULT ENSEMBLE CLASS
PROGRAM & CHAMBER
MUSIC PROGRAM**

No application fee required

Camerata Series Winter Spring Both
Instrument _____

Recorder Consort Fall Spring Both

Weekly Chamber Music Coachings Fall Spring Both
Instrument _____

Weekend Chamber Music Workshops (5x per year)
Instrument _____
2018-2019 workshop dates will be announced in summer 2018.

**TEACHER TRAINING &
PROFESSIONAL DEVELOPMENT**

\$.60 application fee required

THE DALCROZE PROGRAM AT DILLER-QUAILE

Core Subjects: Eurhythmics, Solfège, Improvisation

Beginning Level 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 order 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 policies (as presented in the Catalog and at www.diller-quaile.org) and agree to all its terms.

X _____
REQUIRED Signature of Adult Applicant, Parent, or Guardian **Date**

The Diller-Quaile School of Music admits students of any race, color, national or ethnic origin, religion, gender, gender expression, 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.

SCHOOL USE ONLY App. Fee Received by _____ Date _____ Check # _____ Amount \$ _____

EC Class # _____ Teacher _____ Day _____ Time _____ to _____

Class: _____ Class: _____ Class: _____ Class: _____ Class: _____

30 45 60 Lesson

Core Full Ext

Piano Strings Voice WW Guitar Harp Percussion Brass

Class Instrument Class/Ensemble Opera

Class Camerata

Billing Information

_____ Start Date _____/30 Weeks

Tuition Rate \$ _____ Scholarship \$ _____ Total Due \$ _____

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

A) Registered in DQDB Student billing

Date _____ by _____

B) Scheduled in DQDB Student billing

Date _____ by _____