



## 2017-2018 APPLICATION FORM

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

Applicant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_  Male  Female

Date of Birth (under 18 yrs.) \_\_\_/\_\_\_/\_\_\_ Age as of Sept. 1, 2017 \_\_\_\_\_ Grade as of Sept. 2017 \_\_\_\_\_ 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 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> 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  Contemporary Ensemble Workshop  
 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*

Guitar Class       Fall     Spring     Both

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 \_\_\_\_\_

2017-2018 workshop dates will be announced in summer 2017.

**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 # \_\_\_\_\_    Less./Teach. \_\_\_\_\_    Day \_\_\_\_\_    Time \_\_\_\_\_ to \_\_\_\_\_    Room \_\_\_\_\_

Class-Code \_\_\_\_\_    Day \_\_\_\_\_    Time \_\_\_\_\_    30     45     60     Lesson

Class-Code \_\_\_\_\_    Day \_\_\_\_\_    Time \_\_\_\_\_    Core     Full     Ext     Class

Class-Code \_\_\_\_\_    Day \_\_\_\_\_    Time \_\_\_\_\_    P     S     V     W     G     H     PC

Class-Code \_\_\_\_\_    Day \_\_\_\_\_    Time \_\_\_\_\_    Ad +1     Ad +2

Class  \_\_\_\_\_    Camerata

**Billing Information**

\_\_\_\_\_ Start Date                      \_\_\_\_\_/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 \_\_\_\_\_