



2017-2018 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 _____ 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 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 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 (4x 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.

<u>SCHOOL USE ONLY</u>		App. Fee Received by _____	Date _____	Check # _____	Amount \$ _____
EC Class # _____	Less./Teach. _____	Day _____	Time _____ to _____	Room _____	
Class-Code _____	Day _____	Time _____	30 <input type="checkbox"/>	45 <input type="checkbox"/>	60 <input type="checkbox"/> Lesson <input type="checkbox"/>
Class-Code _____	Day _____	Time _____	Core <input type="checkbox"/>	Full <input type="checkbox"/>	Ext <input type="checkbox"/> Class <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"/> H <input type="checkbox"/> PC <input type="checkbox"/>
Class-Code _____	Day _____	Time _____	Ad +1 <input type="checkbox"/>	Ad +2 <input type="checkbox"/>	
			Class <input type="checkbox"/> _____	Camerata <input type="checkbox"/>	
<u>Billing Information</u>					
_____ Start Date	_____ /30 Weeks				
Tuition Rate \$ _____	Scholarship \$ _____	Total Due \$ _____			
Received by _____	Date _____	Check # _____	Tuition \$ _____		
A) Registered in DQDB <input type="checkbox"/>	Student billing <input type="checkbox"/>	B) Scheduled in DQDB <input type="checkbox"/>	Student billing <input type="checkbox"/>		
Date _____	by _____	Date _____	by _____		