**(Please Print)**

**Student Information**

Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: MM\_\_\_\_\_\_\_DD\_\_\_\_\_\_\_\_YYYY\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Gender: M\_\_\_F\_\_\_

**Parent/Guardian/Caregiver Information**

Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle which session you are looking to enroll in: **Session I or Session II**

Once you are confirmed to be in the Inclusive Community Music Program, please mail a check for $75.00 made out to the Roberts Wesleyan College Music Department. In the memo write “Inclusive Community Music Program.”

If you have questions about the Inclusive Community Music Program, please contact Peggy Barta at [peggybarta@frontiernet.net](mailto:peggybarta@frontiernet.net) or by calling 585-594-6320.

**Mail registration form and check to:**   
Roberts Wesleyan College Music Department  
2301 Westside Drive  
Rochester, NY 14624