

SOUTH FLORIDA YOUTH SYMPHONY, INC.

55th SEASON Membership APPLICATION

Miami Dade College North, 11380 NW 27th Ave., Building 5000

Today's date _____

PLEASE **PRINT** CLEARLY

RETURNING STUDENT _____(check)

Home Phone () _____

Parent Cellular () _____

Student Cellular () _____

STUDENTS NAME _____ AGE _____ GRADE _____
LAST FIRST new school year

ADDRESS _____ - _____

Apt # _____ Birth Date _____ City _____ ZIP Code _____
Ethnicity _____

PARENTS/ GUARDIAN NAME_ (Circle) mr / mrs _____

PARENT E MAIL _____ @ _____

STUDENT E MAIL _____ @ _____

STUDENTS Main choice Instrument _____ yrs/mos. played _____ Beginner ? ___ 2nd Instrument? _____

Diagnosed Special Needs? Describe so we can best serve you _____

STUDIED PRIVATELY? _____ TEACHERS NAME _____ how long? _____

Is this student in a school music program? Yes _____ No _____

SCHOOL student attends _____ Music Directors Name _____

Person Authorized to pick up student from class _____

**LIST OTHER INFORMATION WE SHOULD KNOW ABOUT YOU, (ON BACK)
CHURCH ACTIVITIES, SPECIAL TALENTS ETC...**

FEES for membership: August Through May \$450 / siblings @ \$395, 2nd class -if available - \$100
approximately 32 weeks of classes 1/2 season Jan--May \$225

Scholarship needs: see the guidelines.. MUST SUBMIT a Tax Document every year

DEPOSIT REQUIRED WITH ACCEPTANCE: \$75 per child (By Pay Pal \$80)
We accept pay pal payments with this \$5 surcharge.

Checks, Cash and Credit Cards Accepted
Need an instrument? ask us for available usage.
All student fees are to be totally paid by February 10th

More Information?

Call Mrs. Hahn, Executive Director at the office 305-238-2729 or cell 305-962-2079