

NEW ENGLAND CONSERVATORIUM of MUSIC

2017 CHAMBER ENSEMBLE PROGRAM ENROLMENT

Steps 1-6 MUST be completed before enrolment can be processed.

Step 1: Parent/Guardian Details Family ID number:

Parent/Guardian No 1

Surname _____ Given Name _____

Address _____

Mobile _____ Tel _____

Email _____

Parent/Guardian No 2

Surname _____ Given Name _____

As Above or:

Address _____

Mobile _____ Tel _____

Email _____

• Postal & Email Address of person responsible for fee payment:

Parent/Guardian 1 OR Parent/Guardian 2 OR As below:

Step 2: Student Details Student ID number:

Surname _____ Given Name _____

Residential Address _____

Female Male DoB _____ Age (yrs) _____

School Year in 2017 _____

School _____ Instrument _____

Teacher _____ Level/Years Playing _____

Does the student have any health conditions or disabilities?

Yes No * if yes, please specify (optional)

Step 3: Chamber Ensemble Details

I do not belong to a chamber ensemble and will be allocated to an ensemble matching my instrument and level. I understand that it may not be possible if other suitable players or instruments are not available and that I will be placed on a waiting list until placement can be made OR my fees will be refunded.

My current chamber ensemble will enrol and members are:

Name _____ Instrument _____

Name _____ Instrument _____

Name _____ Instrument _____

Name _____ Instrument _____

Step 4: Payment Options

I have checked the Fee Pay Options and payment dates on the Information Form, and will pay the Term Fee by the following payment option & due date.

Early Bird Discount Fee – By 5pm Friday 29 January 2017

\$100

OR

Standard Fee – by 5pm Friday of Week 3 of the term

\$105

OR

Late Payment Fee - After 5pm Friday of Week 3 of the term

\$140 for Foundation Ensembles

OR

Family payment plan – I have agreed on an individual instalment payment plan with NECOM administration

I will make payment by:

Mail: Cheque or money order made out to 'NECOM Ltd' with full student name written on the back for reference to NECOM, PO Box 1313, Armidale NSW 2350

Direct Transfer: BSB 932000 & A/C 694170 (full student name as reference)

Cash: In person only at NECOM Office

Telephone: 02 6788 2135 (Credit card only)

Credit Card Visa MasterCard

Cardholder Name: _____

Card Number: _____

Signature: _____ Expiry Date ___/___ CCV _____

Step 5: Enrolment Requirements

I have read and will uphold the Enrolment Terms & conditions, including Lesson attendance, absence/withdrawal policy.

I have read and will uphold the Fee Payment Terms & Conditions, including payment options, refunds/withdrawal notification.

I understand enrolment is for the full year unless I give written notice to cancel my enrolment 4 weeks before the start of the term.

I understand that NECOM may take and use photography or videos of activities & participants for promotional & archival purposes

Signed Parent/Guardian No 1

_____ Date _____

Signed Parent/Guardian No 2

_____ Date _____

Step 6: Return this form by Friday 29 January 2017:

By mail: NECOM, PO Box 1313, Armidale NSW 2350

In person: NECOM, Level 1, CB Newling Building (Old Teachers College), Cnr Mossman & Faulkner Streets, Armidale, 2350

2017 Office Opening Hours

Monday, Wednesday, Thursday 9am-5pm

Tuesday 9am-6pm

Friday 9am-4pm

