



REGISTRATION FORM

Please complete both pages. One form per student
Copy this or print additional forms from, www.astoriaconservatory.com

Astoria Conservatory Programs

503•325•3237

REGISTRATION OPTIONS

Register online: www.astoriaconservatory.com

Register in person: 770 11th Street Astoria, Oregon

Mail to: Astoria Conservatory P. O. Box 81, Astoria, OR 97103



Student Name (*Last, First, MI*): _____

Birth Date: _____ Age: _____ Gender: _____

School (*if applicable*): _____ Grade: _____

Class: _____ Tuition: _____

Circle which applies: New Student • Returning Student

If student has siblings who are or were Astoria Conservatory students, please list.

Name(s): _____

Primary individual responsible for student

(*if under the age of 18*): _____ Relationship to Student:

_____ Physical Address: _____ Home Phone:

_____ Mailing Address (*if different*): _____ Work

Phone: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home email: _____ Work email:

_____ Employer:

_____ Title: _____

Other Parent/Guardian (*if applicable*):

_____ Relationship to Student:

Physical Address: _____ Home Phone:

_____ Mailing Address (*if different*): _____ Work

Phone: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home email: _____ Work email:

_____ Employer:

_____ Title: _____

Emergency Contact

Name (*Last, First, MI*):

_____ Relationship to

student: _____ Phone: _____

Elisabeth Nelson
Executive Director

lisa@astoriaconservatory.com
www.astoriaconservatory.com

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Disclaimer: Astoria Conservatory (AC) reserves the right to change the program content, schedules, & provision of programs. Tuition & fees are non-refundable for any reason unless there is a class cancellation & no make up classes are available.

Student/Parent/Guardian Agreement and Permission:

1. I have received & agree to accept the terms & conditions outlined in the policy & procedures form.
2. I have received the media release form.
3. I agree to pay tuition in a timely manner & any financial penalties accrued by my child (*if applicable*) or myself due to property damage.
4. I agree to make AC aware of any medical conditions, medications, or special medical concerns or needs of the registrant.
5. I give permission to any AC representative to seek emergency medical attention for my child (*if applicable*) or myself.
6. In the event of a medical emergency, I will be responsible for any & all medical expenses.

Signature of Responsible Parent/Guardian or Adult Student

The signer understands and agrees to the registration and financial policies as stated on this form and accepts complete responsibility for all charges and fees that may be incurred.

Signature: _____ Date: _____

• **AC Class** • **Tuition:** \$ _____ per student
Total Tuition Enclosed \$ _____

Tuition payment may be made online @ www.astoriaconservatory.com

or by check payable to Astoria Conservatory.



P.O. Box 81 Astoria, OR 97103 ~

Elisabeth Nelson
Executive Director
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503 • 325 • 3237

Music Department

Vincent Jones - Centeno
Piano Instructor
vincent@astoriamusic.com

Paul Brady
Piano & Guitar Instructor
paul@astoriamusic.com

Shelley Loring
Flute & Piano Instructor
shelley@astoriamusic.com

Mattison Solgan
Strings Instructor
mattison@astoriamusic.com

Dance Department

Sarah Cohen
Artistic Director of Dance
sarah@astoriaballet.com

www.astoriaballet.com
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