



Kids Rock Free® Student Application

Applicant's Full Name: _____ Age: _____

Parent's Name: _____ Applicants Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: (____) _____ Evening: (____) _____

Cell Phone Number: (____) _____ Email: _____

Parents Employment Information: (Optional) this information may be used for future Kids Rock Free® educational program funding.

Father's Employer

Employer's Address

Mother's Employer

Employer's Address

Applicant Attends: Public School Private School Home School N/A

Performing Arts Course Interested In: (Circle One)

GUITAR PIANO DRUMS VOICE BASS CLARINET

Level of Applicant: (Check one) Beginning Intermediate Advanced

- The Fender Center provides FREE and LOW-COST music lessons to children ages 7 to 17. This is made possible through generous in-kind support of the benefactors of the Foundation. Program guidelines are subject to change.
- Courses are held at the Fender Center for the Performing Arts at 365 North Main Street, Corona. Phone: 951-735-2440 ext 203 Fax: 951-735-2576 Website: www.fendercenter.org

PROGRAM GUIDELINES (Please check applicable box below)

No wait, Low-Cost Lessons

- (a) In order to avoid the 1-year waiting list, I agree to waive the 16 weeks of *free* lessons.
- (b) I choose to pay full price (\$150 for each 8-weeks of lessons) for my child to be enrolled in the next available class.

Up to 1-year wait, Free Lesson (Depending on Instrument)

- (c) I choose to remain on the waiting list in order for my child to receive the 1st 16-weeks of lessons free.
- (d) All applicants are chosen on a first-come, first-served basis and contacted by telephone. In exchange for the free lessons, parent(s) shall either:
 - Volunteer a minimum of 10-hrs during each 8-week session (with a \$75 refundable deposit)
 - Pre-pay and sell \$160 worth of donation drawing tickets.
- (e) After the 1st 16-weeks of free lessons, I agree to either pre-pay and sell \$160 worth of donation drawing tickets or make a payment of \$150 for each additional 8-weeks of lessons.

Signature (Parent or Guardian) _____

How did you find out about this program? _____

-For Staff Use Only- Date Received: _____ Entered On: _____