

COMMUNITY MUSIC SCHOOL

2009-2010 REGISTRATION FORM

* * * ALL INFORMATION MUST BE COMPLETED - PLEASE SIGN THE BACK OF THIS FORM* * *

STUDENT INFORMATION: Continuing CMS student New CMS student

I acknowledge that CMS Policies and Procedures are available at www.cmsmusic.org Initial here: _____ (must be completed)

Student Name _____ DOB ____/____/____ Male

School (if minor) _____ District _____ Grade _____ Female

Ethnicity: Caucasian/White Hispanic/Latino Native American African American/Black Asian/Pacific Islander East Indian Other

FAMILY INFORMATION: (Parent or Guardian if student is under 18.)

Father: Mr. Dr. Rev.

First NameLast Name

Mother: Mrs. Ms. Dr. Rev.

First NameLast Name

AddressCityStateZip

EmailHome PhoneWork PhoneCell Phone

Preferred method of contact: Email Home phone Work Phone Cell Phone

Father's Employer: _____ Mother's Employer _____

BILLING INFORMATION: Same as Above Send bills to: _____

First NameLast Name

AddressCityStateZipPhoneRelationship to Student

STUDENT'S LESSON /CLASS INFORMATION: *Please select the program of instruction you intend to take and indicate student's availability for lessons by checking all possible boxes. CMS will try, but can not guarantee that all requests can be honored.*

Individual Instruction Program Music Certificate Program Honors Certificate Program Suzuki Academy

DAY/TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
9:00-3:00 PM						

PAYMENT CALCULATIONS:

Cost per 9-week quarter

Private Instruction:	Faculty	Master Faculty	
30-min/weekly lesson	\$238.50	\$288	\$ _____
45-min/weekly lesson	\$357.75	\$432	\$ _____
60-min/weekly lesson	\$477	\$576	\$ _____

Music Enrichment Class	FREE (for <u>one</u> , 9-week quarter <u>per year</u>)		
Music Certificate Program	\$60		\$ _____
Honors Certificate Program	\$120		\$ _____
Suzuki Program	\$102		\$ _____

Single Course/Ensemble Costs: \$ _____

Ensembles/classes meet for different lengths. Check to see how long ensembles meet.

45-min	\$85
60-min	\$110

Registration Fee: \$ _____

First Family Member	\$35
Second Family Member	\$15

SUBTOTAL \$ _____

ANNUAL FUND DONATION (OPTIONAL, THANK YOU!) + \$ _____

LESS FINANCIAL AID / SCHOLARSHIP - \$ _____

TOTAL PAYMENT DUE = \$ _____

CREDIT CARD PAYMENT: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD		<input type="checkbox"/> CHECK PAYMENT
Name on Card: _____		Please make check payable to: Community Music School
Card #: _____		Check Number: _____
Exp. Date: ____/____/____	Amount Authorized: \$ _____	Amount: \$ _____
Signature: _____		Date: ____/____/____

Your signature indicates that you agree to abide by all CMS policies and procedures as outlined in printed material and on the CMS website. Your registration can not be processed without a signature or payment.

I do / do not give CMS permission to use photos of me and/or my child in printed materials or on their website.

Signature: _____ Date: _____

Questions? Call CMS at 610-489-3676 or email us at info@cmsmusic.org

Return Registration Form to: 775 West Main Street, Trappe, PA 19426 Fax# 610-409-0811