



2019-2020 REGISTRATION FORM

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

STUDENT INFORMATION: Continuing CMS student New CMS student

HOW DID YOU HEAR ABOUT CMS?

Perkiomen Valley School District program brochure Referred by a friend/family/teacher: _____
 Drive-By Web Search Social Media Other (Please Specify) _____

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

1st Student Name _____ DOB ____/____/____ Grade in Fall ____
 Male Female
School (if minor) _____ District _____

2nd Student Name _____ DOB ____/____/____ Grade in Fall ____
 Male Female
School (if minor) _____ District _____

CMS is a non-profit organization. Our funders require information about our student's ethnicity. You may choose more than one when applicable.

Ethnicity: Caucasian/White Hispanic/Latino(a) American Indian or Alaska Native
African American/Black Asian American Native Hawaiian or Pacific Islander Other

Are there any special needs or requirements you would like the instructor(s) to be aware of? Yes No
If so, please describe: _____

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

Parent/Guardian 1: _____
Title First Name Last Name

Parent/Guardian 2: _____
Title First Name Last Name

Address City State Zip

Email Home Phone Work Phone Cell Phone

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

For Funding Purposes: Father's/Guardian's Employer: _____ Mother's/Guardian's Employer: _____

BILLING INFORMATION: Same as Above Send bills to: _____
First Name Last Name

Address City State Zip Phone Relationship to Student

STUDENT'S INDIVIDUAL INSTRUCTION INFORMATION: *Please indicate the student or student's availability for individual instruction below as completely as possible. CMS will try but cannot guarantee that all requests can be honored.*

STUDENT/INSTRUMENT PREFERRED INSTRUCTOR DAY TIME LESSON LENGTH

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PAYMENT CALCULATIONS (To be completed with CMS Registrar):

Registration Fee (Annual, Non-Refundable):

First Family Member	\$35	\$ _____
Second Family Member	\$15	\$ _____
Third+ Family Member	Free	

Private Instruction:

	Faculty	Master Faculty	
Interview Lesson (30 Minutes)	\$34.50	\$41	\$ _____

Cost per 10-week quarter:

30-min/weekly lesson	\$345	\$410	\$ _____
45-min/weekly lesson	\$515	\$617.50	\$ _____
60-min/weekly lesson	\$688	\$820	\$ _____

**Students enrolled in two or more private lessons will receive 5% off the tuition of the lesser lesson(s)*

Group Classes and Ensembles:

Adult String Ensemble (45 minutes)	\$140	\$ _____
Chamber Ensemble (90 minutes)*	\$280	\$ _____
Chamber Orchestra for Strings (75 minutes)*	\$238	\$ _____
Music Theory (Please Circle:	\$140	\$ _____
New Horizons Band (2 hours)	\$100	\$ _____
Show Choir (75 minutes)*	\$210	\$ _____
Suzuki Group Class (45 minutes)	\$140	\$ _____

**Please note that this class or ensemble is billed per semester instead of per quarter.*

The listed price is for the first semester (14 weeks, starting the week of September 9th).

SUBTOTAL \$ _____

CMS is a non-profit organization, and relies on generous donations in order to continue to operate. Please consider making a \$25 donation to the CMS Annual Fund. Thank you! + \$ _____

TOTAL PAYMENT DUE = \$ _____

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

Questions? Call 610-489-3676

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:** _____

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