

THREE EASY WAYS TO REGISTER

1. Mail completed form with your registration fee & deposit.
2. Bring this form and registration fee & deposit to our office.
3. Call us and we'll fill the form out with you over the phone.

COMMUNITY MUSIC SCHOOL

P. O. Box 387
 CENTERBROOK, CT 06409
 (860) 767-0026

ONE FORM PER STUDENT PLEASE

Student _____ D.O.B. _____
 Parent/Guardian _____
 Street _____ City _____ Zip _____
 Home Phone _____ Business or Cell Phone _____
 Other Enrolled Family Members _____ Email Address _____

REGISTRATION FOR PRIVATE INSTRUCTION AND GROUP PROGRAMS

PRIVATE INSTRUCTION FOR FALL SEMESTER:
Student

Returning Student from Last Semester

New

Instrument _____ Teacher _____

Please indicate your preferred day and time. Every effort will be made to accommodate your schedule.

DAY: Monday / Tuesday / Wednesday / Thursday / Friday TIME: 1st Preference: _____ 2nd Preference: _____

GROUP OR ENSEMBLE NAME (i.e., Jazz Ensemble I, Imagine That, etc...refer to our website or brochure):

Required: A non-refundable registration fee of \$15 and deposit of \$75 are due at the time of registration for private lessons as well as group, ensemble and Kindermusik programs. Full payment is due at or before the first lesson unless you arrange in advance to participate in a Payment Plan. THERE ARE NO REFUNDS OR CREDITS GIVEN FOR MISSED LESSONS. ONE student absence per semester may be made up during the semester. An instructor's absence or school closure requires that all missed lessons will be made up during the semester, or the student's account will be credited. For additional information, access the CMS Handbook at www.community-music-school.org.

RATES AND PAYMENT POLICIES FOR THE 2010-2011 SCHOOL YEAR

Private Lessons per Semester: \$595 for 30 minutes, \$892.50 for 45 minutes, \$1,190 for 60 minutes

Programs and Ensembles: Refer to Fall Brochure, or call for details of specific programs.

Discounts: 5% for 2nd instrument or family member; 10% for senior citizens (65+)

Registration Fee: \$15 payable once each semester

Payment Policy: \$75 non-refundable deposit due at time of registration. Balance is due by the first day of class.

Scholarships: Call the Business Office at 860-767-0026 for more information.

My check for \$ _____ is enclosed.

Charge \$ _____ to my Visa/MasterCard. Cardholder Name _____

Card # _____ Exp. Date _____ 3-Digit Vcode: _____