

The Community Music School of Springfield
2009-2010 REGISTRATION FORM
 127 State Street, Springfield, MA 01103-1944, (413)732-8428, www.communitymusicschool.com

Student Information:

Date _____

Last Name: _____ First Name: _____

Address _____ Male ___ Female ___ Date of Birth _____

City _____ State _____ Zip _____ Home Phone _____ Cell Phone _____

Emergency Contact _____ Relationship _____ Phone _____

Public/private school name _____ Grade in school as of (9/09) _____

Explain any disabilities we should be aware of: _____

Do you have a social networking page? Yes ___ No ___ **Please Circle All:** Facebook My Space Twitter . LinkedIn

Parent/Guardian Information:

Fathers /Guardian _____ Mother/Guardian _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Home Phone _____ Cell _____

Parent/Guardian's email address _____ Parent Guardian's email address _____

Employer _____ Employer _____

Position _____ Position _____

Work Phone _____ Work Phone _____

Bill to:

Name(s) _____ Relationship _____

Address _____ Phone _____

OPTIONAL: The following student information is requested by funding sources. Your help would be greatly appreciated Asian/Pacific Islander ___

Black/African Am ___ Caucasian/White ___ Hispanic/Latino ___ Native Am ___ Other ___

AREA OF INTEREST: Instrument _____ Private Group Ensemble/Class _____

PAYMENT POLICY

Parents/students are responsible for payment of **all** lessons, whether taken or missed. **Exceptions** include teacher absences, weather cancellations, or advance notice of two religious holidays per school year.

I AGREE TO ABIDE BY THE PAYMENT POLICY STATEMENT (above):

Signature: _____ Date: _____

[] Please check here if you do not want the student's photo used in CMSS publications or on its website.

---FOR OFFICE USE ONLY---

Registration Fees: Individual-\$40.00/year/Family \$50.00 /year/Summer/ \$10.00

Payment	Instrument/Ensemble	Instrument/Ensemble
Amount Paid:	Instructor:	Instructor:
Date Paid:	Day:	Day:
Payment by:	Time:	Time:
Check # _____	Length:	Length:
Cash	# Weeks:	# Weeks:
MC / VISA / Discover /	Price/Class	Price/Class
AmericanExpress	Start Date:	Start Date: