

The Community Music School of Springfield

2016-2017 RE-REGISTRATION FORM

127 State Street, Springfield, MA 01103-1905, (413)732-8428, www.communitymusicsschool.com

Student Information: Adult _____ Minor _____ **Date** _____

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Male ___ Female ___ Date of Birth: _____ Age: _____ Home Phone: _____

Cell Phone: _____ Email Address: _____

School name: _____ Grade in school as of Sept. 2016: _____

Emergency Contact: _____ **Relationship:** _____ **Phone:** _____

Explain any special needs/challenges we should be aware of: _____

Parent/Guardian Information: If student is under 18 years of age

Parent/Guardian _____ Parent/Guardian _____

Address _____ Address _____

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

Home Phone _____ Cell _____ Home Phone _____ Cell _____

Email Address _____ Email Address _____

Adult Students and Parents: Please Fill in Information

Employer _____ Employer _____

Position _____ Position _____

Work Phone _____ Work Phone _____

AREA OF INTEREST:

Instrument(s) Private Group _____

Ensemble/Class _____

OPTIONAL: The following student information is often requested by funding sources. Your help would be greatly appreciated!

Asian/Pacific Islander _____ Black/African American _____ Caucasian/White _____

Hispanic/Latino _____ Native American _____ Other _____

Billing Procedures

In the effort to save energy and the environment we will continue emailing the monthly invoices.

We will need a valid e-mail address of the person who will be paying the bill.

Bill to:

Name(s) _____ Relationship _____

Address _____ City _____ State: _____ Zip _____

Phone: _____ **Email:** _____

****Invoices are sent on the 1st of the month and are due on or by the 16th of that month. ****

LESSON INFORMATION

Please list your **current** lesson information from the 2015-2016 school year:

Lesson type/Instrument: _____

Day / Time / Length of lesson: _____

Previous teacher: _____

- _____ I would like to keep my current time slot from 2015-2016 school year.
- _____ I am not registering this year.
- _____ I would like to change my time slot with my current instructor. **
- _____ I would like to make another change (lesson type, teacher, lesson length, etc.)**

Please describe the change:

**Choosing this option means that the student must make an appointment with the Registrar, Christiana Racicot, in order to find a more preferred day, time, etc.

POLICIES & PROCEDURES

Please read and sign:

By signing this registration form, I agree that I have received, reviewed and fully understand the current Policies and Procedures and assume responsibility for abiding by all policies noted in its content.

_____ Signature _____ Date

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

If you would like to select auto payment please fill out and sign the Auto Payment Form and return to Christiana Racicot, Registrar.

---FOR OFFICE USE ONLY---

Payment	Instrument/Ensemble	Instrument/Ensemble
Amount Paid:	Instructor:	Instructor:
Date Paid:	Day:	Day:
Payment by:	Time:	Time:
Check # _____	Length:	Length:
Money Order # _____	# Weeks:	# Weeks:
MC / VISA / Discover	Price/Class	Price/Class
Auto payment*: Yes No	Start Date:	Start Date:

QB's Date: _____ CSM Date: _____ CR _____ BR _____