

# The Community Music School of Springfield

## 2016-2017 REGISTRATION FORM

127 State Street, Springfield, MA 01103-1905, (413)732-8428, [www.communitymusicsschool.com](http://www.communitymusicsschool.com)

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### 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: \_\_\_\_\_

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### 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 Parent: 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 1<sup>st</sup> of the month**  
**and are due on or by the 16<sup>th</sup> of that month.\*\***

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

### **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.

### ---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 \_\_\_\_\_