

The Community Music School of Springfield

2017-2018 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. 2017: _____

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 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 1st of the month**
and are due on or by the 16th 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 _____