

The Community Music School of Springfield
SUMMER 2017 REGISTRATION FORM
 127 State Street, Springfield, MA 01103-1905, (413)732-8428, www.communitymusicschool.com

Student Information: Adult _____ Minor _____ Date _____

Last Name: _____ First Name: _____ Age _____

Address _____ Male ___ Female ___ Date of Birth _____

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

Email Address _____

Emergency Contact _____ Relationship _____ Phone _____

School name _____ Grade in school as of Sept. 2017 _____

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 _____

Bill to:

Name(s): _____ Relationship _____

EMAIL ADDRESS (we send the bills via email): _____

Address (if different from student) _____ Phone _____

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 Am _____ Other _____

AREA OF INTEREST: Instrument(s) _____ Private Group Ensemble/Class _____

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 _____