

The Community Music School of Springfield

2018-2019 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: _____

Grade in school as of Fall 2018: _____ Name of School: _____

Emergency Contact:

Name: _____ 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 Lesson and/or Ensemble/Class: _____

Billing Procedures

****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.

Email: _____

Name(s) _____ Relationship _____

Address _____ City _____ State: _____ Zip _____

Phone Numbers: _____

LESSON INFORMATION

Please list your **current** lesson information from the 2017-2018 school year:

Lesson type/Instrument: _____

Day / Time / Length of lesson: _____

Previous teacher: _____

_____ I would like to keep my current time slot from 2017-2018 school 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/guardian may need to speak directly with the Registrar, Christiana Racicot, in order to find a more preferred day, time, etc.**

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 _____

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 _____