

The Community Music School of Springfield
SUMMER 2018 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. 2018 _____

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/DM _____