



# CCSM Registration Form

Today's Date: \_\_\_\_\_

Term: \_\_\_\_\_

**STUDENT INFORMATION:**    \*New Student (reg fee)       Returning Student (no reg fee)

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Charter Student:    No       Yes - If yes, name of school: \_\_\_\_\_

**PRIVATE LESSONS:**    Standard Teacher       Master Teacher

Instructor: \_\_\_\_\_ Instrument: \_\_\_\_\_

Lesson Length:    15-min     30-min     45-min     60-min    Other: \_\_\_\_\_

Lesson Day & Time: \_\_\_\_\_ Start Date: \_\_\_\_\_

Rate per Lesson: \$ \_\_\_\_\_

**GROUP CLASS/ENSEMBLE/WORKSHOP: Must be paid in full. No refunds after the first meeting.**

Class: \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_

Class Tuition: \$ \_\_\_\_\_ *(Without material fees if applicable)*

Total Cost: \$ \_\_\_\_\_ *(Add \$20 registration fee for new students)*

**PARENT (OR ADULT STUDENT) INFORMATION:**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**PAYMENT:**     Cash       Check       Credit Card (3% transaction fee)  
 AUTOPAY - Credit Card or ACH Bank Account

Credit Card #: \_\_\_\_\_

Exp Date: \_\_\_\_\_ CVV #: \_\_\_\_\_

Name on Card: \_\_\_\_\_

*Billing Address (if different than above):*

Street: \_\_\_\_\_

City/ST/ZIP: \_\_\_\_\_

**ACH Autopay:**      Bank Account #: \_\_\_\_\_

(0.8% Fee)      Bank Routing #: \_\_\_\_\_

*\* A \$20 registration fee applied to NEW CCSM students. NO registration fee for returning students!*

Total: \$ \_\_\_\_\_

In MMS

On Google Schedule