



2009 - 2010 REGISTRATION FORM Fall / Winter / Spring

951 W. Foothill Blvd.
Claremont, CA 91711
(909) 624-3012 (909) 624-3502 fax
www.claremontmusic.org

Today's Date: _____

- New Student**
 Returning Student

STUDENT INFORMATION:

Student: _____ F M Birthdate: _____

Address: _____

City _____ Zip: _____

Ethnicity (OPTIONAL): The following is often required for grant information, is compiled, and is not connected with your individual name.

- African American Asian American Caucasian Latino/Hispanic Native American Other

Contact Home

Phone: _____
If Minor, _____
Parent: _____

Contact Cell

Phone: _____
Contact E-Mail _____
Address: _____

PROGRAM: Private Lessons can be paid in full, monthly or quarterly. Group instruction must be paid in full unless otherwise noted in our catalog.

Private Lesson Instrument	Instructor	Lesson Length	Registration	Full Tuition
		<input type="checkbox"/> 15 <input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60	<input type="checkbox"/> 36 Lessons <input type="checkbox"/> 24 Lessons <input type="checkbox"/> 12 Lessons <input type="checkbox"/> _____	\$ _____
		<input type="checkbox"/> 15 <input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60	<input type="checkbox"/> 36 Lessons <input type="checkbox"/> 24 Lessons <input type="checkbox"/> 12 Lessons <input type="checkbox"/> _____	\$ _____
Group Instruction		Day/Time	Registration	Full Tuition
		/	Session 1 2 3 Other _____	\$ _____
		/	Session 1 2 3 Other _____	\$ _____
		/	Session 1 2 3 Other _____	\$ _____

If not paying in full, please choose a payment plan below:

MONTHLY STATEMENTS MAILED
 QUARTERLY STATEMENTS MAILED
Statements will be mailed 10 days prior to due date.
A late fee of \$25 will be assessed if payment not received by the 10th of the month.

OR

AUTOMATIC MONTHLY CREDIT CARD PAYMENT:
 AUTOMATIC QUARTERLY CREDIT CARD PAYMENT:
Your credit card will be automatically charged on the 1st of the month/quarter.
Quarterly charges occur in Dec & Mar
CREDIT CARD: Visa Mastercard Discover

Card Number: _____

Exp Date: _____ Zip: _____ Security code: _____
I authorize CCSM to charge my monthly/quarterly payment on the credit card shown above on the 1st of each month or quarter.

Authorized Signature _____ Date _____

Tuition Sub-Total	\$ _____
Less: Financial Aid/Discount	\$ _____
Total Tuition Due	\$ _____
Material Fees	\$ _____
Registration Fees (\$20 individual, \$30 family)	\$ _____
Music Book Bag / T-Shirt	\$ _____
Donation to CCSM	\$ _____
TOTAL FULL PAYMENT DUE TO CCSM	\$ _____

Office Use Only

Monthly PMT Due Today \$ _____ + \$ _____ = \$ _____
(includes 4 lessons + group instruction, registration & material fees, merchandise & donations)

Future Monthly PMTs \$ _____ x _____ = \$ _____

Last PMT \$ _____

Total Payment to CCSM \$ _____

Quarterly Due Today \$ _____ + \$ _____ = \$ _____
(includes 12 lessons + group instruction, registration & material fees, merchandise & donations)

Future Quarterly PMTs \$ _____ x _____ = \$ _____

Last PMT \$ _____

Total Payment to CCSM \$ _____