



# 2011 - 2012 REGISTRATION FORM

## Fall / Winter / Spring

951 W. Foothill Blvd.  
 Claremont, CA 91711  
 (909) 624-3012 (909) 624-3502 fax  
[www.claremontmusic.org](http://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: \_\_\_\_\_ Contact Cell Phone: \_\_\_\_\_  
 If Minor, Parent: \_\_\_\_\_ 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 (Title of Class/Workshop/Ensemble)	Day/Time	Registration		Full Tuition
	/	Fall / Winter / Spring		\$ _____
	/	Fall / Winter / Spring		\$ _____
	/	Fall / Winter / Spring		\$ _____

**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 \$ \_\_\_\_\_