



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