

Community Music School
2010-11 Registration Form for Individual LESSONS

Please remember to complete both sides, sign below, and also attach the registration fee listed below.

For Everyone

First Student's Last Name _____ First Name _____ MI _____

Date of Birth _____ Age _____ Male Female

Second Student's Last Name _____ First Name _____ MI _____

Date of Birth _____ Age _____ Male Female

Third Student's Last Name _____ First Name _____ MI _____

Date of Birth _____ Age _____ Male Female

Home Phone _____ Cell Phone _____

Home Address _____ City _____ Zip _____

E-Mail Address (Optional) _____

For Non-Adult Students

Father's (Guardian) Name _____

Address and Phone (if different from student's) _____

Occupation _____ Employer _____

Work Phone _____ May we call you at work? yes no

Mother's (Guardian) Name _____

Address and Phone (if different from student's) _____

Occupation _____ Employer _____

Work Phone _____ May we call you at work? yes no

Emergency Contact _____ Phone _____

For Adult Students

Occupation _____ Employer or School _____

Work Phone _____ May we call you at work? yes no

I have read and agree to abide by the CMS Policies and Procedures. (Please send me another copy.)

Unless advised otherwise in writing, your signature gives CMS permission to photograph you or your child and to use the image(s) in our materials including our website.

X _____

SIGNATURE of Student or Parent/Guardian (if student is under 18)

Date

Billing information: (please print)

Send bills to: Mr. Mrs. Ms. _____

Address (if different from student's) _____

Please attach the non-refundable* annual registration fee of \$16 for one person in the family, \$26 for two and \$32 for three or more, which covers the period from July 2010 through June 2011. Students who begin lessons after April 1, 2011 will pay one half the annual registration fee; after May 15, 2011, one quarter.

*See Policies and Procedures for specific exceptions.

To charge your VISA or MasterCard for the registration fee, please complete the information below:

CARD # _____ **Expiration Date** _____ **\$ Amount** _____

Cardholder's Signature _____

To be considered for financial aid, please submit a Financial Assistance Form with proof of income.

415 Elmwood Avenue • Buffalo, New York 14222 • Phone: (716) 884-4887 • Fax: (716) 884-7529

cms.info@verizon.net • www.communitymusicbuffalo.org

Buffalo • East Aurora • Getzville • Lackawanna • Lancaster • Lockport • Snyder • South Buffalo



Private Lesson Information

Please complete both sides of this form and attach the non-refundable, annual registration fee listed on the other side.

*2010-11 lessons may be scheduled now with Office Manager Jennifer Guillow. Your monthly payment will be determined by the lesson day. Your **first fall-spring** payment or your **entire summer** payment must be received at **least 1 day before the first scheduled lesson.***

What do you wish to study (piano, voice, etc.)? _____

When? Summer 2010 September 2010 - June 2011

What length lesson? 30 minutes 45 minutes 60 minutes

Which location(s)?

Buffalo / Office	Snyder	East Aurora	Lancaster	Getzville	Lockport
415 Elmwood Avenue	Amherst Community Church	St. Matthias Church	Faith Unit. Meth. Church	JCC	First Presbyterian Church
Monday - Saturday	77 Washington Highway	Main & Maple Streets	5505 Broadway	2640 N. Forest	21 Church Street
Summer: Closed Sat	Mon, Tues, Wed	Mon & Thurs	Mon & Wed	Mon - Fri	Tues, Thurs

When are you available for lessons? Please check all that apply.

Day	Time			
Monday	Morning	Noon – 3 p.m.	3:30 – 5:30 p.m.	6 – 8:30 p.m.
Tuesday	Morning	Noon – 3 p.m.	3:30 – 5:30 p.m.	6 – 8:30 p.m.
Wednesday	Morning	Noon – 3 p.m.	3:30 – 5:30 p.m.	6 – 8:30 p.m.
Thursday	Morning	Noon – 3 p.m.	3:30 – 5:30 p.m.	6 – 8:30 p.m.
Friday	Morning	Noon – 3 p.m.	3:30 – 5:30 p.m.	6 – 7:00 p.m.
Saturday	Morning	Noon – 4 p.m.		

Teacher preference, if known _____ Comments _____

We want to provide you with the best musical experience possible. To help us do that, please answer the following questions. Why do you want to study music and what do you hope to learn or accomplish?

How many years of previous study have you had? _____ At CMS _____ Other: Where? _____

What type of previous study (voice/instrument name)? _____ When? _____

How did you hear about CMS? _____

Please list any handicaps, allergies, disabilities or chronic illnesses including nervous or emotional conditions that may affect study _____

Beneficiary Statistics Required by United Way of Buffalo and Erie County and Other Funders Information on this form is confidential. Statistics are reported only in aggregate/total.

Please check the appropriate box in each category. Thank you.

Ethnic/Racial Background		Gross Family Income	
1) Caucasian	2) Black/African-American	1) Below \$9,999	2) \$10,000 – 19,999
3) Latino/Hispanic	4) Asian	3) \$20,000 – 29,999	4) \$30,000 – 39,999
5) Native American	6) Arab	5) \$40,000 – 49,999	6) \$50,000 +
7) Other (or mixed): What ? _____			

Community Music School admits students of any race, color, gender, national or ethnic origin and religious belief to all the rights, privileges, programs and activities generally accorded or made available to students at the School. It does not discriminate on the basis of race, color, gender, national or ethnic origin and religious belief in the administration of its educational policies, admissions policies, scholarship programs and other school-administered program. CMS is proud to be a member agency of the National Guild of Community Schools of the Arts, United Way of Buffalo and Erie County and the Arts Council.