



**PAYMENT CALCULATIONS:**

**Cost per 9-week quarter**

<b>Private Instruction:</b>	Faculty	Master Faculty	
30-min/weekly lesson	\$238.50	\$288	\$ _____
45-min/weekly lesson	\$357.75	\$432	\$ _____
60-min/weekly lesson	\$477	\$576	\$ _____

<b>Music Enrichment Class</b>	FREE (for <u>one</u> , 9-week quarter <u>per year</u> )	
<b>Music Certificate Program</b>	\$60	\$ _____
<b>Honors Certificate Program</b>	\$120	\$ _____
<b>Suzuki Program</b>	\$102	\$ _____

**Single Course/Ensemble Costs:** \$ \_\_\_\_\_

*Ensembles/classes meet for different lengths. Check to see how long ensembles meet.*

45-min	\$85
60-min	\$110

**Registration Fee: After July 1** \$ \_\_\_\_\_

*For all new students and current students taking less than four summer lessons*

First Family Member	\$35
Second Family Member	\$15

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

**ANNUAL FUND DONATION (OPTIONAL, THANK YOU!)** + \$ \_\_\_\_\_

**LESS FINANCIAL AID / SCHOLARSHIP** - \$ \_\_\_\_\_

**TOTAL PAYMENT DUE** = \$ \_\_\_\_\_

<b>CREDIT CARD PAYMENT:</b> <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD		<input type="checkbox"/> <b>CHECK PAYMENT</b>	
Name on Card: _____		Please make check payable to: <b>Community Music School</b>	
Card #: _____		Check Number: _____	
Exp. Date: ____/____	Amount Authorized: \$ _____	Amount: \$ _____	
Signature: _____		Date: ____/____/____	

Your signature indicates that you agree to abide by all CMS policies and procedures as outlined in printed material and on the CMS website. Your registration can not be processed without a signature or payment.

I do / do not give CMS permission to use photos of me and/or my child in printed materials or on their website.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Questions? Call CMS at 610-489-3676 or email us at [info@cmsmusic.org](mailto:info@cmsmusic.org)

Return Registration Form to: 775 West Main Street, Trappe, PA 19426 Fax# 610-409-0811