

KINDERMUSIK REGISTRATION FORM

Please mail or fax this completed form, along with payment to: CMS, 775 West Main Street, Trappe, PA 19426
Phone 610-489-3676 Fax 610-409-0811

CMS requires all students to submit this registration form along with the appropriate registration and materials fee. Registrations are accepted on a first-come-first-served basis. Students are not considered enrolled for any class without a completed registration form, payment of the registration fee and payment of material fees. Community Music School reserves the right to cancel any class if there is insufficient enrollment and will refund all fees. Full tuition payments must be received before classes begin.

PLEASE PRINT AND DO NOT LEAVE ANY BLANK SPACES.

How did you learn about Kindermusik at CMS? Direct Mail Friend Newspaper Ad/Article in _____ Other

STUDENT'S LAST NAME FIRST M.I. BIRTH DATE

HOME ADDRESS CITY STATE ZIP HOME PHONE

EMAIL ADDRESS WHERE YOU WOULD PREFER TO RECEIVE SCHOOL INFORMATION CELL PHONE

FATHER'S FULL NAME EMPLOYER WORK PH LIVING WITH STUDENT YES / NO

MOTHER'S FULL NAME EMPLOYER WORK PH LIVING WITH STUDENT YES / NO

CAREGIVERS NAME (if participating in class) RELATIONSHIP PHONE

KINDERMUSIK CLASS PREFERENCES: FALL 2008 SPRING 2009 SUMMER 2009

1ST CHOICE CLASS NAME DAY TIME

2ND CHOICE CLASS NAME DAY TIME

**CMS limits class sizes. By listing a 2nd choice, you will assist us in the difficult job of scheduling!
Class times will be confirmed by phone and/or in writing 7-10 days prior to the start of the class.**

____ // We give the CMS permission to make still pictures, videotapes or sound recordings to use for marketing and/or communication purposes, and to identify my child by name.

____ // We have received, read, understand, and agree to abide by all CMS policies regarding registration, student withdrawals and refunds, cancelled classes and student absences.

SIGNATURE OF PARENT/GUARDIAN OR ADULT STUDENT DATE

OPTIONAL: Funding sources often request information regarding the people we serve. Please circle the ethnicity that accurately describes the student.
Caucasian/White Hispanic/Latino Native American African American/Black Asian/Pacific Islander East Indian Other

Parents: Please explain the details of any special needs regarding this student on the back of this form.

Reg. Fee (\$35 for 1st family member, \$15 for 2nd member) \$ _____
Material Fees: \$ _____
Tuition: \$ _____
TOTAL \$ _____

Paid By: CASH CK# _____

CC# _____ VISA MC Exp. Date: ____/____/____ Signature: _____

Date Received: _____/_____/_____
Registered By: _____
WD Date: _____/_____/_____
Reason: _____