

Group Class or Young Years Registration Form

(Not for Individual Instruction)

Official Use Only

Mail or FAX to:

Community Music School of Webster University
 470 E. Lockwood Ave.
 St. Louis, MO 63119
 (314) 968-5939
 FAX: (314) 963-6268

Circle semester of enrollment: **Summer** **Fall** **Spring**
 Location: **Webster Groves** ___ **Strauss Ctr.** ___ **Univ. City** ___
 (Group classes and Young Years classes not available at Herbert Hoover Branch.)

CARS _____, _____
CL _____
PR _____
Date Received ___/___/___

(Please Print in Ink)

Student Name _____ Male _____ Female _____ Date of Birth ___/___/___
 Address _____ City _____ State _____ Zip _____
 Home Phone (____) _____ - _____ Social Security Number _____ - _____ - _____ Grade _____ School _____
 Parent/Student E-mail (circle one) _____
 Emergency Contact Name _____ Phone (____) _____ - _____ Relationship _____
 (Other than Parent/Guardian)

Father's Name _____ Social Security Number* _____ - _____ - _____
 Address (If different from above): _____ City: _____ State: _____ Zip: _____
 Home Phone (____) _____ - _____ Employer Name: _____ Work Phone: (____) _____ - _____

Mother's Name: _____ Social Security Number*: _____ - _____ - _____
 Address (If different from above): _____ City: _____ State: _____ Zip: _____
 Home Phone (____) _____ - _____ Employer Name: _____ Work Phone: (____) _____ - _____

Person Making Payment (if different than parent) _____
 Address _____ City _____ State _____ Zip _____
 Social Security Number* _____ - _____ - _____ Home Phone (____) _____ - _____

Course Title <small>(Young Years: indicate 1st, 2nd or 3rd choices)</small>	Day of Week	Time	Location	Office Use Only
(1 st Choice)				
(Indicate if 2 nd choice)				
(Indicate if 3 rd choice)				

Young Years Students Only: Please check (✓) the appropriate KIT needed for the class:

Village: _____ (\$70)	Young Child 1: _____ (\$71)	Music Makers 1, 2, 3 & 4: _____ (\$46)
Our Time: _____ (\$49)	Young Child 2: _____ (\$71 or \$51) circle one	Music for Little Mozarts 1: _____ (\$70)
Imagine That: _____ (\$59 or \$53) circle one	Young Child 3: _____ (\$91 or \$71) circle one	Music for Little Mozarts 2&3: _____ (\$50)
	Young Child 4: _____ (\$51)	

** Please inquire about Sibling Kits**

Tuition \$ _____
 Registration Fee \$ _____
 Material Fee (see front) \$ _____
 SUB-TOTAL \$ _____
 PAID \$ _____
 BALANCE DUE \$ _____

Method of Payment: (*NOTE: SS# must be provided by bill payer if you select this plan.)
 Installment Plan: 1/3 tuition plus registration fee and all materials fees
 (All unpaid balances are charged a 1.5% monthly fee.)
 Payment Received: Check No. _____ Cash \$ _____
 Discover VISA MasterCard
 Credit Card Number _____ Exp. _____

(Tuition and fees for Group Classes are NOT refundable unless class is cancelled due to insufficient enrollment.)

Signature: _____ Security Code: _____
 (Minimum payment of 1/3 tuition PLUS \$25 Reg. Fee for new students PLUS all Materials Fees)

I have read and understand the Community Music School's policies on pages _____ and consent to them.

Signature _____ Date: _____

Where did you hear about the CMS? _____