

CREATIVE ARTS STUDENT REGISTRATION FORM 2010-2011 – MUSIC PROGRAMS

Appropriate payment must accompany this form in order to be processed. Pricing as recorded on form is subject to verification by the office. Thank you.

CREATIVE ARTS: "INSPIRE, ENRICH, CONNECT" MAIL THIS FORM & PAYMENT TO: Creative Arts, 25 Woburn Street, Reading MA 01867

STUDENT'S LAST NAME _____ Parent 1: Full Name _____ Parent 2: Full Name _____

Address _____ City / State / Zip _____

Home Phone _____ Cell Phone _____ E-mail address _____

Parent 1: Place of Employment & Work Phone Number _____ Parent 2: Place of Employment & Work Phone Number _____ Student's School(s) _____

Student's First Name	Date of Birth	Instructor	Suzuki/Trad.	Instrument	# of Lessons	Length	Tuition	Family Disc.	Adj. Rate
1) _____	_____	_____	<input type="checkbox"/> Suzuki <input type="checkbox"/> Trad.	_____	_____	<input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60	_____	0% \$0	_____
2) _____	_____	_____	<input type="checkbox"/> Suzuki <input type="checkbox"/> Trad.	_____	_____	<input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60	_____	5% -	_____
3) _____	_____	_____	<input type="checkbox"/> Suzuki <input type="checkbox"/> Trad.	_____	_____	<input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60	_____	10% -	_____

SEMESTER (16 WEEKS EACH), INTRO SPECIAL, OR INDEPENDENT STUDY PRIVATE LESSON REGISTRATION & AUTO RE-REG.*

Student's First Name	Date of Birth	Instructor	Suzuki/Traditional	Instrument	Length	Tuition	Family Disc.	Adj. Rate
1) _____	_____	_____	<input type="checkbox"/> Suzuki <input type="checkbox"/> Trad.	_____	<input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60	_____	0% \$0	_____
2) _____	_____	_____	<input type="checkbox"/> Suzuki <input type="checkbox"/> Trad.	_____	<input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60	_____	5% -	_____
3) _____	_____	_____	<input type="checkbox"/> Suzuki <input type="checkbox"/> Trad.	_____	<input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60	_____	10% -	_____

***Auto Re-Registration is REQUIRED.** Students who register for music lessons in the fall semester make a commitment to the full school year and will be automatically re-registered and charged for the spring semester. You are responsible for payment of the entire school-year tuition bill, whether the student completes the program or not, unless **WRITTEN** notice of the spring semester withdrawal is received **PRIOR TO** Dec. 3rd by the Music Director. Your signature below verifies that you understand and agree to this policy and that you accept responsibility for charges and fees that may be incurred.

SIGNATURE / RELEASE FORM – PLEASE READ AND SIGN

a) I have read and understand Creative Arts' policies including semester auto re-registration, payment plan policies, absence/schedule policies and refund/withdrawal policies. I understand that if I or my child drop out after the registration deadline or before the end of the program I am responsible for FULL YEAR payment. I accept responsibility for charges and fees that may be incurred.

b) **NEW!** – By providing a credit card number, you are authorizing Creative Arts to charge any remaining balance at time due unless a check is received at least 10 days prior to the due date. Post-dated checks may be submitted in lieu of credit card. (Registrations will not be processed without one of these.)

c) Please check here if you do NOT want to allow the above mentioned student(s) to be photographed or recorded for promotional and/or program information purposes. (Names are not published/ used.)

d) How did you hear about us? _____

REQUIRED Signature: _____ Date: _____

PAYMENT INFORMATION

Cash (verification: _____) Check # _____ (made payable to Creative Arts)

****Visa, Mastercard & American Express are also accepted for a FEE**:**
Credit card FEES: \$5 if Total Due is <\$100; \$10 if Total Due is <\$500; \$20 if Total Due is >\$500

Billing Zip Code _____ 3 or 4-digit code on back of card _____

Card # _____ / _____ / _____ / _____ Exp. Date ____ / ____

PAYMENT TALLY:

Adj. Rate Tuition Subtotal from Above	_____
Non-Refundable Registration Fee	\$35
Payment Plan Fee (\$36)	_____
Building Fund Donation*?	\$15
TOTAL DUE	\$15
Credit Card Pymt Fee (\$5-20)**	_____
Payment Plan Fee (\$18)***	_____
Amount Paid	_____

Thank you for taking a moment to complete the following:
 The following optional information is requested for grant opportunities. Please check one.

African American Asian Caucasian Hispanic/Latino Native American

Other _____

How would you like to volunteer?

Events Board of Directors Parent Advisory Committee Other: _____

****A Payment Plan form must be approved!**

THANK YOU! Your donation is tax deductible.

Office Use Only

Paid/Ver: _____ Sched: _____ MDB _____ CCDB: _____ DATE STAMP: _____

Inv/CM: _____ CM: _____ Chk: _____ AMT _____ Date: _____

Notes: _____