COMMUNITY MUSIC CENTER OF BOSTON

Community Music Center of Boston
34 Warren Avenue, Boston, MA 02116
Tel: 617-482-7494
Fax: 617-482-6267
email: info@cmcb.org
web: www.cmcb.org

ADULT REGISTRATION APPLICATION

(Please Circle)

New/ Returning **Adult Student Name**: _____

Address:_____City: _____Zip: _____

Home Phone:(_____)_____Wk Phone: (_____)_____

Email: _____Occupation: _____

Bill to: _____

How did you hear about the Music Center? _____

Do you own an instrument? _____

Registration for:	(Instrument)	(Circle one)
[ ] Individual Instruction in	_____	30' 45' 60'
[ ] Group Piano Instruction		30' 45' 60'
[ ] Music Therapy		30' 45' 60'
[ ] Other classes:	_____	30' 45' 60'

Preferred Days: _____Preferred Times:_____

Instructor: _____Start Date:_____# of Weeks: _____

Select a payment option (See "Registration Information" sheet):

[ ] Payment in full 4% discount* (Sept.–Dec. Only)
3% discount (Jan.-Mar. Only)

[ ] Payment in 2 installments - 3% discount* (Sep.-Dec. Only)

[ ] Payment in 4 installments – no discount

[ ] Payment monthly (direct debit only)

Your first tuition installment (based on your chosen payment plan) and non-refundable registration fee ($40 for individuals and $50 for a family of 2 or more) must accompany this form.

By my signature, I affirm that I have received a copy of the Music Center's policy and have selected a payment option above. I agree to abide by these as a condition of my enrollment at the Music Center.

Signed: _____Date:_____

Affirmative Action Information (Optional)
[ ] Black [ ] Hispanic [ ] Asian [ ] Caucasian Other _____

OFFICE USE ONLY: [ ] Comp [ ] Book [ ] Sheet [ ] Teacher Notified