

## 2023-2024 REGISTRATION FORM

Student's name:							
Parents'/Guardians' Name(s):							
Mailing Address:							
City:	State:	_ Zip:	Emai	l:			
Birthdate:							
PLEASE CIRCLE YOUR PREFERRED PHONE NUMBER.							
Cell Phone:	_Home Phone:			_Work Phone: _			
Instrument:	Requested Teacher*:						
Length of Lesson:	I prefer:	ONLINE	or	ON CAMPUS	lessons (circle one)		
Preferred Scheduling (including d							
2							
3							
Times student is NOT available:							

\*Please note: The BMS office does its best to find a convenient time for all students. Not all faculty teach both online and on campus lessons, and scheduling is available on a first-come, first-served basis. Students will be matched with faculty members who best meet their needs. If scheduling cannot be arranged satisfactorily, all fees and tuition will be refunded.

FOR OFFICE USE:	
PAYMENT INFORMATION	

Membership Fee – due at the time of registration [] Individual - \$40 [] Household - \$100 [] All Access - \$500	\$		
<b>34 Weekly Private Lesson Tuition</b> [] 30 min. \$1309 [] 45 min. \$1964 [] 60 min. \$2628	\$		
Recurring 4 Lesson Pacakge (to be charged to the card below) [] 30 min \$154 [] 45 min \$231 [] 60 min \$308	\$		
Instrument Rental (A valid credit card on file is required for all instrument rentals.)	\$		
PAYMENT DUE NOW:	\$		
[] I would like to help make BMS classes available to the ent deductible donation to my registration	ire community. Plea	use add a 100% tax-	
DONATION AMOUNT:	\$		
TOTAL AMOUNT ENCLOSED:	\$		
[] A check for payment in full is enclosed. Checks should be made payable to the Berkshire Music School.			
[] Please charge the credit card below for the full amount.			
Please charge my (circle one): VISA MC	DISCOVER	AMEX	
CREDIT CARD#:			
CARD NAME (print):	EXP DATE:	CVV#:	
AUTHORIZED SIGNATURE:			
[] I understand and accept the policies of the Berkshire Music	e School.		

[] Photo and media release: I allow the Berkshire Music School the use of any photographs, video, art work, and recordings made at the school or school functions. I understand and accept the policies of the Berkshire Music School.

Authorized signature (if under age 18, parent/guardian signature)

Date