

Registration Form 2019-2020

**Required fields

** STUDENT NAME _____ DATE OF BIRTH _____ MALE FEMALE

SCHOOL _____ GRADE _____

NAME(S) OF PARENT(S) / GUARDIAN(S) OF ** STUDENTS UNDER 18 _____

MAILING/STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

** HOME PHONE _____ ** CELL PHONE _____ ** EMAIL ADDRESS _____

PARENT'S / GUARDIAN'S EMPLOYER _____ WORK PHONE _____

PARENT'S / GUARDIAN'S EMPLOYER _____ WORK PHONE _____

REQUESTED TEACHER _____ LENGTH OF LESSON _____

INSTRUMENT/CLASS NAME _____

PREVIOUS STUDY _____

Preferred Scheduling (Mon-Sat) We will do our best to find a convenient time for you. Please list days & times you are available:

1. _____

2. _____

3. _____

Times when you are not available: _____

All programs are subject to minimum/maximum enrollment. **NOTE: Scheduling is arranged upon receipt of all fees, either in full, or first installment of a payment plan. If scheduling cannot be arranged satisfactorily, your tuition and registration fee will be refunded.**

Tuition fees are listed on back of page

Private Lesson: Instrument/Yoke _____ \$ _____

Private lessons can start at any time during the year and are prorated at the time of registration.

Classes/Clubs/Ensembles/Workshops: _____ \$ _____

_____ \$ _____

Instrument rental
Instrument _____ \$ _____

Total Instructional fees _____ \$ _____

Non-refundable registration * _____ \$ _____

Payment plan fee _____ \$ _____

Applicable discount (On back of page) _____ \$ _____

Total payment due \$ _____

Payment Method

- In full by check, enclosed
- In full by MC / Visa / Discover / AmEx
- In part by MC / Visa / Discover / AmEx

CREDIT CARD NUMBER _____ EXP DATE _____ CVM# _____

AUTHORIZED SIGNATURE FOR CREDIT CARD _____

I have read and understand the School Policies, on back of page.

** Release: I allow the Berkshire Music School the use of any photographs, video, art work, and recordings made at the School or for School functions. I understand and accept the policies of the Berkshire Music School.

** AUTHORIZED SIGNATURE FOR REGISTRANT _____

DATE _____

THIS BOX IS FOR OFFICE USE ONLY

Number of lessons in contract _____

PAYMENT IN FULL CC CK CSH

_____ \$ _____ CC CK CSH

INSTALLMENT PLAN

1st installment (+ registration & \$35 plan fee)

_____ \$ _____ CC CK CSH

2nd installment due _____

3rd installment due _____

I learned about BMS from: _____