



STUDENT ENROLLMENT FORM

PLEASE COMPLETE AND SIGN
RETURN TO CENTRE MUSIC BEFORE THE START OF LESSONS

School Year September 2018 – August 2019

Centre Music House | 18 Main Street, Framingham, MA 01702 | www.centremusic.com

Student's Last Name _____, First Name(s) _____, _____

Age(s) (if under 18) _____ Birth Date(s) ___/___/____, ___/___/____ Instrument(s) _____

Address _____ Town _____ Zip _____

Daytime Phone _____-_____-_____

Alternate Phone _____-_____-_____

Email Address _____

Name of Parent / Guardian _____

Credit Card No. _____-_____-_____

Expires ___/___/____ Name on Card _____

YES, I would like to receive text-message notifications about school closures and lesson cancellations

NO, I would not like to receive text-message notifications about school closures and lesson cancellations

I heard about Centre Music by:

- ___ Facebook ___ Google Search
 ___ Referral ___ Drive By
 ___ School Flyer ___ News. Ad
 ___ Other _____

The Annual Registration Fee of **\$25** is due with Student Enrollment.
 (Maximum of one due per immediate family)

Lesson options (please choose one)

- 30-minute lessons** (once per week) **\$159 per Month**
- 45-minute lessons** (once per week) **\$238.50 per Month**
- 60-minute lessons** (once per week) **\$302.10 per Month (incl. 5% disc.)**

Please note any special needs or conditions of which we should be aware regarding this student. All information is held in strictest confidence:

(for office use)

Lesson Start Information

Start Date _____

Day / Time _____

Teacher(s) _____

Lesson Length:

30 Min 45 Min 1 Hour

Date Registered ___/___/____

I have read the Lesson Policy (located on the reverse side of the Centre Music House calendar and/or on the website: www.centremusic.com/policy) and agree to its terms and conditions.

*My signature below acknowledges acceptance of Centre Music House policies and further authorizes the automatic charging of the Credit/Debit Card listed above or automatic checking withdrawal from the account of check attached.

Please sign here _____ Date _____

Please Note: Invalid card numbers, declined cards, and/or returned checks will result in a \$30 Service Charge.

Office use only : Initial Payment Processed and Received : Amount \$ _____ Date _____ By _____

Set Up: Master _____ Roster _____ Rain _____ ACH _____, _____ Charge Date _____