

INSTRUMENTAL MUSIC SCHOOL OF CARLISLE & CONCORD

Concord-Carlisle Schools, Community Education Department

978-341-2490 x7653 978-318-1432 Fax 978-369-7125

500 Walden Street, Concord MA 01742

<http://www.concordcarlisleace.org/instrumental-music-school> dlevine@concordcarlisle.org



Winter/Spring 2018 Music Lesson Registration

Please visit <https://ccace.asapconnected.com/#PrivateLessons> to enroll online OR complete and return this form as directed below. *It begins the process of matching you or your child with a teacher, location and schedule. Upon receipt, teachers will contact parents in the order in which registrations are received to arrange a lesson time. Please include payment in full with this application. Payment will not be processed until a lesson schedule has been arranged between you and the teacher.*

Name of Student _____ School and Grade _____

Name of Parent/Guardian _____

Street _____ Town & Zip _____

Home phone _____ Mother's work # _____ Father's work # _____

Student cell # _____ Mother's cell # _____ Father's cell # _____
(if applicable)

Parent email address _____

Instrument _____ Previously taught by? _____

Please list preferred lesson day/time and alternate _____

Special learning needs / health considerations: (please continue on back of form) _____

I have read and agreed to the terms of the absence and refund policy (www.ace.colonial.net/imsc/absence).

Signature of Parent/Guardian _____

Lesson Fees (please indicate your selection)

16 lessons, 30 minutes each, \$30.25 per lesson = \$484 \$ _____

16 lessons, 45 minutes each, \$45.00 per lesson = \$720 \$ _____

16 lessons, 60 minutes each, \$59.25 per lesson = \$948 \$ _____

Voluntary donation for student scholarships \$ _____

Annual Registration Fee (per school year) 1st child: \$30.00,

Additional family member(s): \$20.00 each Registration Fee \$ \$30

A late fee of \$20.00 is required for registrations after Feb. 1 \$ _____

Total payment enclosed \$ _____

Please make check payable to: **IMSCC** (Instrumental Music School of Carlisle & Concord)

Please mail or fax this form to:

IMSCC, 500 Walden St, Concord 01742 Fax 978-369-7125

Please charge this to my ☐ Mastercard ☐ Visa ☐ Discover ☐ Amex

Card number _____ Exp. Date ____/____

Cardholder's Name _____ Security Code _____

For Office Use Only

☐ Copied
☐ Entered
☐ Confirmed

*Limited financial aid is available through a grant from the Concord-Carlisle Community Chest.
Please contact IMSCC office for a financial aid application if necessary.*

12/11/17