



Fall 2018 Music Lessons Registration

<https://ccace.asapconnected.com/#PrivateLessons> to enroll online, OR complete and return this form as directed below. This 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.

Student Name _____ School & Grade Sept. 2018 _____

Name of Parent/Guardian _____ Student's date of birth _____

Street _____ Town & Zip _____

Home phone _____ Parent 1 work/cell _____ (mobile? please specify)

Student cell (optional) _____ Parent 2 work/cell _____ (mobile? please specify)

Parent 1 email _____ Parent 2 email _____

Instrument _____ Current or Requested teacher _____

Please list preferred lesson day/time and alternate _____

Special learning needs / health considerations: _____

I have read and agreed to the terms of the absence and refund policy. **(Please see Absence Policy online at www.concordcarlisleace.org/absence-policy)**

Signature of Parent/Guardian _____

Lesson Fees (please indicate your selection)

16 lessons, 30 minutes each, \$33.00 per lesson = \$528 \$ _____

16 lessons, 45 minutes each, \$49.25 per lesson = \$788 \$ _____

16 lessons, 60 minutes each, \$65.00 per lesson = \$1,040 \$ _____

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

Total payment enclosed \$ _____

Please note: A \$10 processing fee will be charged for withdrawal from lessons.
See full Absence and Refund Policy at www.concordcarlisleace.org/absence-policy.

Please mail or fax this form to: IMSCC, 500 Walden St, Concord 01742 Fax 978-369-7125

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

Charge this to my Mastercard Visa Discover Amex **Save my credit card for future payments.**

Card number _____ Expiration Date ____/____

Cardholder's Name _____ Security Code _____

*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.*