COMMUNITY MUSIC CENTER OF BOSTON
Community Music Center of Boston
34 Warren Avenue, Boston, MA 02116
Tel: 617-482-7494
Fax: 617-482-6267
email: info@cmcb.org
web: www.cmcb.org

ADULT REGISTRATION APPLICATION

(Please Circle)

New/ Returning **Adult Student Name**: _____

Address:_____City: _____Zip: _____

Home Phone:(_____)_____Wk Phone: (_____)_____Email: _____

Occupation: _____Bill to: _____

How did you hear about the Music Center? _____

Do you own an instrument? _____

Registration for:	(Instrument)	(Circle one)
[ ]	Individual Instruction in _____	30' 45' 60'
[ ]	Group Piano Instruction	30' 45' 60'
[ ]	Music Therapy	30' 45' 60'
[ ]	Other classes:_____	30' 45' 60'

Preferred Days: _____Preferred Times:_____

Instructor: _____Start Date:_____# of Weeks: _____

Select a payment option (See "Registration Information" sheet):

Please note: (Reduced Tuition Recipients NOT eligible for discounts). Direct Debit is available for all payment plans.

☐ Payment in full (4%) – discount applies Sept. - Dec. only
(3%) – discount applies Jan. - March only

☐ Payment in 2 installments (3%)
discount applies Sept. - Dec. Only

☐ Payment in 4 installments

☐ Payment monthly (Please complete direct debit form)

☐ I am applying for Reduced Tuition

Your first tuition installment (based on your chosen payment plan) and non-refundable registration fee ($40 for individuals and $50 for a family of 2 or more) must accompany this form.

By my signature, I affirm that I have received a copy of the Music Center's policy and have selected a payment option above. I agree to abide by these as a condition of my enrollment at the Music Center.

Signed: _____Date:_____

Affirmative Action Information (Optional)
[ ] Black [ ] Hispanic [ ] Asian [ ] Caucasian Other _____

Media Permission

Community Music Center of Boston (CMCB), Inc. requests permission to use you and/or your child(ren)'s image in publicity and marketing materials. By granting your permission, you understand that your child's likeness could be used in various print, video, or online media. Please be assured that students' names will not be released, and by signing this form, you do not waive your right to privacy and confidentiality.

I/we understand:

- that use of these images is exclusively intended for the promotion of Community Music Center of Boston (CMCB), Inc.;
- that images of my child(ren) may appear on the internet for an extended period of time;
- that there will be no financial or other remuneration for use of my child(ren)'s image;
- that Community Music Center of Boston (CMCB), Inc. is not responsible for any expense or liability incurred as a result of our participation;
- that I/we may withdraw our consent at any time through written request.

Parent/Guardian Signature: _____Date: _____

Affirmative Action Information (Optional)
[ ] Black [ ] Latino [ ] Asian [ ] Caucasian [ ] Other_____

For Credit Card Payments:

Please charge my _____MasterCard_____VISA _____American Express _____Discover

Card No._____ Exp. Date _____

Total Amount _____

Signature _____