

**ONLINE REGISTRATION**



The Center of  
Music and Art

264 Main Street • PO Box 2208  
Wintersville, OH 43953 • (740)264-3111

www.musicandart.com • email: contact@musicandart.com

**CMA REGISTRATION AND TUITION AGREEMENT**

PLEASE FILL OUT COMPLETELY AND ACCURATELY

Type of lesson (please circle): RETURNING STUDENT PRIVATE LESSONS SEMI-PRIVATE LESSONS CLASSES WORKSHOP

PLEASE PRINT

Type of private lesson, class/workshop \_\_\_\_\_ Teacher \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Referred by \_\_\_\_\_ If not referral, how did you hear about us? \_\_\_\_\_

Do you own your own instrument? \_\_\_\_ y or n Name and type of instrument \_\_\_\_\_

Student's Name \_\_\_\_\_ Student's Age(Child) \_\_\_\_\_ Student's Birth Date \_\_\_\_\_

( If student is a minor – Parent or Guardian name \_\_\_\_\_ )

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Person **responsible** for monthly tuition \_\_\_\_\_ Driver's license # \_\_\_\_\_

Address(Mailing and physical) \_\_\_\_\_

(If not the same as above)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home phone \_\_\_\_\_

Name of Employer for person paying **monthly** tuition \_\_\_\_\_ Phone \_\_\_\_\_

PLEASE READ THE FOLLOWING TUITION AGREEMENT AND SIGN AT THE BOTTOM-A COPY WILL BE PROVIDED TO YOU

1. Full tuition for group classes and workshops are due upon registration and are non-refundable. No spaces will be reserved until the first month's tuition is paid in full.
2. No make ups are given for group classes. A courtesy call is expected if you cannot attend any class, lesson, or workshop.
3. **Monthly tuition is due the first of the month. A \$10.00 late fee will be added to any monthly account not paid in full by the tenth of the month.** Any account over thirty days delinquent may result in a discontinuation of lesson privileges.
4. CMA must be **notified 24 hours** in advance of a lesson cancellation in order for it to be considered excused. Any cancellation that is not made 24 hours in advance may at the discretion of CMA be considered unexcused.
5. Only excused absences will be scheduled for make up ( student has three months to reschedule the make up lesson ). Any absence that is unexcused must be paid for and no make up will be scheduled.
6. Private students will be given tuition credit for two vacation days per year. The student must notify the teacher **and** the desk of these days in advance
7. It is the responsibility of the person paying the student's tuition to inform **CMA in writing** that the student is discontinuing. **This written notice must be given to the desk. The student will be billed for lessons until the written notification is received.**
8. CMA reserves the right to utilize a qualified substitute teacher when necessary.

I have read and agreed to the tuition agreement as stated above \_\_\_\_\_

& \_\_\_\_\_

(Signature of Parent, Guardian or Adult Student & **Person responsible for payment** if not the same)

For Office use only \_\_\_\_\_

Registered by \_\_\_\_\_ Date of Registration \_\_\_\_\_ Tuition Amount Paid \_\_\_\_\_

Starting Date For Private lessons \_\_\_\_\_ Starting Date for Class \_\_\_\_\_

The information given here is considered private.



**CMA REGISTRATION AND TUITION AGREEMENT  
CUSTOMER COPY**

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