



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

Student Information:

Name: _____ Age: _____ Birthday: _____
Last First M.I.

Student Allergies: _____ Name of person who will accompany child: _____

Person Responsible for Tuition: _____
Last First

Address: _____
Street City State Zip

Phone: (_____) _____ / (_____) _____ / _____
Home / Primary Cell Number for Cancellations

Email: _____ Drivers License Number: _____

Parent/Guardian (if different than above)

Name: _____
Last First

Address: _____

Phone: (_____) _____

How did you hear about us?

Emergency Contact:

Name _____ Relation _____

Class Registration: Please write in the group name and day of the class for which you are registering.

Village
3-18 months

Our Time
18 months - 3 years

Imagine That
3-5 years

Young Child
5-7 years

Day: _____ Day: _____ Day: _____ Day: _____

Siblings:

Child #1: _____ Birthday: _____

Child #1: _____ Birthday: _____

Tuition Agreement:

1. **50% of the tuition is required to reserve your spot in the class.** This deposit is non-refundable. Full tuition is due the first day of the class.
2. No make ups are given for group classes. A courtesy call is expected if you cannot attend a class or workshop.
3. CMA reserves the right to utilize a qualified substitute teacher when necessary.

I have read and agreed to the tuition agreement stated above:

Signature Date

Signature Date

Registered by: _____ Amount Paid: _____

Starting Date: _____ Date Registered: _____